CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 7, 1987

a Benn publication

No surprises in PGC's contract cash package

Rural pharmacy to suffer if contract scrapped

Nathan explains PSGB Council's inner workings

GP dispensary falls at Bath planning hurdle

'No confidence' motion high on Guild agenda

Introducing — the quinolones

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CHEMIST & DRUGGIST

February 7, 1987
Volume 227 No 5559

128th year of publication
ISSN 0009-3033

Incorporating
Retail Chemist

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Published Saturdays by Benn Publications Ltd
Sovereign Way, Tonbridge,
Kent TN9 1RW
Telephone: 0732 364422
Telex: 95132 Benton G
Facsimile: 0732 361534

Subscriptions: Home £58 per annum. Overseas & Eire £72 per annum including postage. £1.20 per copy (postage extra). Member of the Audit Bureau of Circulations ABC

Regional advertisement offices: Midlands: 240-244 Stratford Road, Shirley, Solihull, W. Midlands B90 3AE 021 744 4427. North East and North West: Graeme House, Chorlton Place, Wilbraham Road, Manchester M21 1AQ 061-881 0112. West Country & South Wales: 10 Badminton Road, Downend, Bristol BS16 6BQ 0272 564827 Benn

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COMMENT

"Council member Alan Nathan's explanation of the structure and day-to-day workings of the Pharmaceutical Society of Great Britain's governing body is clear, concise and constructive (p200). However, it is his second article (p204) that members will doubtless find the most enlightening. Together, they give a refreshing perspective on the opportunities and difficulties facing the 21 good men and women and true, culminating in a bold solution to the challenge of making Council decisions relate more closely to the views of the majority of members — referenda on major issues.

One of the barriers to the understanding of those decisions is, on occasions, poor communication both within and without the profession. The Society has not always been open and outgoing in representing the pharmacy standpoint in the public, rather than just the healthcare arena. Of late the National Pharmaceutical Association has been making most of the running, with latterly the Pharmaceutical Services Negotiating Committee responding to a national Press

whitewash by the British Pharmacists Association with some vigorous PR. The Society, for the most part, has waged an effective war on the health decision makers in committee and in private, without raising its head very far above the public parapet. It can and should do more here, and has both the opportunity and the means, if it has the will. As Mr Nathan says: "Pharmacy today is confronted by the most crucial challenges in its 150 year history . . . Strength and unity of purpose are, therefore, absolutely essential if we are to survive and prosper."

Mr Nathan explains how former firebrands can be swallowed whole by Council, and their bold flame be all but extinguished by the sometimes onerous burden of "collective responsibility". He suggests that the scope of the information available to Councillors can, of itself, distance decisions from grassroots understanding. It is also evident from what he says that the grassroots must make much more effort to cajole, coerce or lobby Councillors to make their views known. There is no merit in a silent majority.

Council faces an ever increasing workload — witness the great swathes of documentation produced by Nuffield and the Primary Health Care paper alone — a workload which requires the support and involvement of all pharmacists, not just the activists personified by Mr Nathan. Not until the membership appreciates its Councillors more; not until the ordinary pharmacist is enabled to make the sacrifice of time and money necessary for Council membership these days; not until many more pharmacists communicate with Council — indeed with fellow members through the branch system — will the powerful argument that he puts forward for referenda on major issues get the credibility and hearing it deserves."

No surprises in PGC's contract cash package

The Pharmaceutical General Council has given details of the remuneration package agreed with the Scottish Home and Health Department. It includes a two-tier Essential Small Pharmacy Scheme, a flat on-cost rate at 6 per cent of gross ingredient cost, and a compensation scheme for those in contract since June 1985 and dispensing less than 1,300 scripts a month.

The compensation scheme will run for two years. To be eligible contractors must have been continuously on a Health Board list since June 7, 1985, and to have dispensed on average less than 1,300 scripts a month in the 12-month period prior to applying for compensation.

The PGC warns that contractors who satisfy the criteria will not have an automatic right to payment. Health Boards can award compensation beartng in mind their duty to provide an adequate pharmaceutical service. Payments will only be made where a replacement pharmacy is unlikely to be justified.

The probable amount of compensation will be equal to the amounts paid as fees and on-cost over the best 12-month period from July 1, 1984. The sum will not be greater than that paid at the time of giving up a contract to an average contractor dispensing 1,300 scripts a month.

Contractors who give up their contract in the 1987-88 financial year will receive the whole sum, those giving up in the next year half the amount. Exact details as to how to apply have yet to be settled.

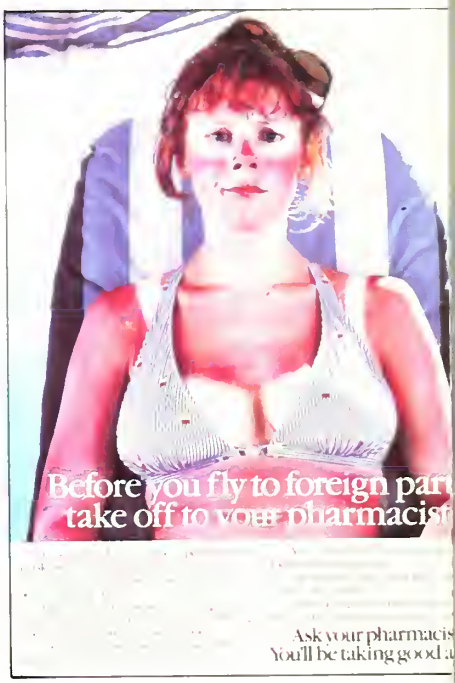
The on-cost rate will be set at a flat rate for all contractors, calculated on the gross ingredient cost (before discount deduction). The PGC calculates the average gross ingredient package for 1987-88 will be 485p, giving an average on-cost of 29.1p per script. It looks as if fees will be paid at the rate of about 110p per script for the first 1,300 scripts and thereafter at 60p, but exact figures are not yet available because negotiations have not been completed on the precise amount of money due in the balance sheet, says the PGC.

The PGC says that because there is a higher number of ESPs in proportion to the total number of contractors in Scotland compared to England and Wales, they cannot be supported to the same level. Secretary Colin Virden says the SHHD had made it quite clear that if contractors continue to lobby for a guaranteed payment the Department will insist on a rigid application of the 2km rule: the result would be the loss of ESP status for nearly half the existing pharmacies.

Pharmacies dispensing between 1,300-1,800 scripts a month, although not directly in the ESPS, will be paid at a level which reflects their current income plus an essential pharmacy allowance. Whether payments are made separately or included in the fees has yet to be determined, but they will be no worse off.

For pharmacies dispensing up to 1,300 items a month a sliding scale is proposed: for each 100 scripts (or part of) below the 1,300 level, a sum of £75 would be payable, to a maximum of £600 a month.

"Do you think we're still right to call this the new contract, Mr Chairman?"



Over exposure

"Brits abroad" are often all too obvious, and the National Pharmaceutical Association's latest advertisement offers a painful reminder of the effects of careless exposure.

In an abrupt departure from the bucket and spade theme of the 1986 poster, this advertisement is reminiscent of the "bare midriff" one which provoked some adverse comment from pharmacists. But Andrew Carnegie, a director of the NPA's agency advertising CTMC is confident that it is unlikely to be controversial or offend women pharmacists or the target audience of housewives. "I think this sort of imagery is acceptable although there are those who may feel it is exploitative. It was necessary to show enough to bring the message home".

The advertisement was approved by the NPA Board members last week. And it may reach the television screen if negotiations with the Independent Television Companies Association are successful (*C&D*, January 17, p72).

PGC: Suggestions that the new contract could be introduced unilaterally only in Scotland should negotiations in England and Wales break down have been dismissed by the Pharmaceutical General Council. Concern that if legislation does not go ahead in England and Wales, then it could not be implemented separately in Scotland was not a "notion" of the PGC as has been suggested (*C&D* last week, p1510), said chairman Ian Mullen this week. "It is a considered opinion based on information from the highest Department sources and advice from our constitutional experts".

PSNC and DHSS still deadlocked

Despite further meetings this week between pharmacy negotiators and the Department of Health there has been no break in the deadlock over the introduction of the new contract.

PSNC officials met with the DHSS on Monday and Wednesday, and were expecting a letter from the Department as a result by the end of the week. "PSNC will have to consider it on Sunday morning before the LPC conference and decide what recommendation, if any, it would wish to make," said financial executive Mike Brining.

"It does not imply the negotiating process would conclude with that letter. It may be that conference would wish to send the PSNC back to the negotiating table with further instructions. We have again pressed our various arguments and made it clear that some movement on the Department's part before the conference is vital," he said.

Eyes down for NI

The Pharmaceutical Contractors Committee in Northern Ireland is expected to approve the contract regulations and guidelines this week before preparing for hard negotiations with the DHSS (NI) on a cash package.

Secretary Mr Thos O'Rourke told *C&D* that the guidelines said the PCC would advise the DHSS on the appointment of a non-contractor member of the pharmacy practice subcommittee: he anticipated this might be done in consultation with the Pharmaceutical Society of Northern Ireland.

Mr O'Rourke said he expected the NI cash package to differ markedly from that negotiated for Scotland (see p184). In NI there was a higher proportion of small pharmacies and they would not be able to recover their costs under the Scottish scheme. He wanted to see an Essential Small Pharmacy Scheme introduced for the first time in the Province; one that would properly remunerate those small pharmacies recognised as "essential" to the community under the new contract. There would also need to be a significant change in the global sum.

Premises up another 50 . . .

The number of premises on the Pharmaceutical Society's Register rose by 50 in December. The fourth rise of 50 or more in as many months takes the total to 11,748, up 312 in 1986.

As the graph on the right indicates, the increase in the number of pharmacies, from a post-war low in 1980, has been fuelled by the announcement of the new contract with its proposed entry restrictions. Over 650 pharmacies have been registered since May 1985.

In December, England (excluding London) had a net increase of 43, with 47 additions, one restoration, and five deletions. Scotland had five additions, while the Welsh total was unchanged, with one addition and one deletion. London was up two overall, with five additions and three deletions.

Contact plus . . . only, says North

Northern contractors continue to vote strongly in favour of implementing the new contract only if the additional items sought by PSNC are included.

Only 15 of the 269 replies received in response to an unprompted questionnaire sent out to 536 contractors wish to see the implementation of the new contract as it now stands.

No confidence high on agenda

A motion of "no confidence" in the hospital pharmacists pay negotiating team looks set to be the most contentious item on the agenda of the Guild of Hospital Pharmacists branch delegates meeting this Saturday.

The motion, tabled by the Sheffield Group, reflects concern about the enthusiasm with which the staff side of Whitley Council recommended acceptance of the final pay offer, which many hospital pharmacists saw as only a marginal improvement on previous, decisively rejected offers.

Recruitment, grading and allowances are on the agenda, and the 1987 pay claim will be presented to delegates. Guild president Bill Brookes may also wish to take the opportunity to gauge opinion on the proposed merger of ASTMS, of which the Guild is one section, with another white collar union TASS.

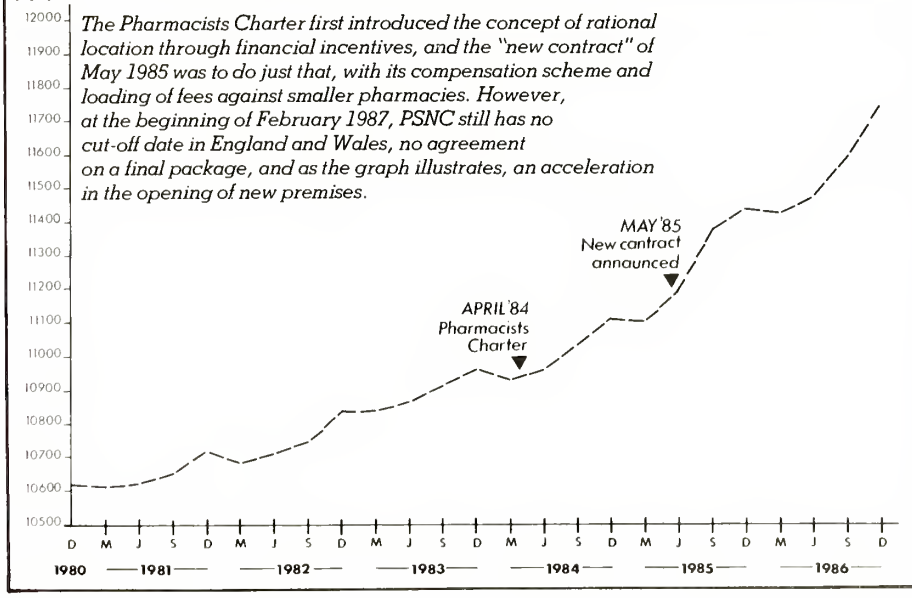
Complainaway

Patients are reminded of their rights to complain about the standard of service from NHS professionals by this month's *Which?* magazine, published by the Consumer's Association.

The article "Patient's orders" goes on to explain exactly how to complain about a GP.

. . . Register up, up and away

The Pharmacists Charter first introduced the concept of rational location through financial incentives, and the "new contract" of May 1985 was to do just that, with its compensation scheme and loading of fees against smaller pharmacies. However, at the beginning of February 1987, PSNC still has no cut-off date in England and Wales, no agreement on a final package, and as the graph illustrates, an acceleration in the opening of new premises.



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THE COMPLETE SERVICE FOR INDEPENDENT PHARMACISTS

'Here we go, here we go, here we . . .?'

A muted chorus of "Here we are again" was Board members' reaction to news that no agreement had been reached by the DHSS and the Pharmaceutical Services Negotiating Committee, on financial aspects of the new contract.

And the Board predicts "genuine and justified anger" from LPC representatives at their forthcoming conference if negotiators are unable to report further progress. It is felt that the delay is due entirely to the dilatory attitude of the Minister or the civil service for which there was no excuse at this late stage.

Reports that FPC administrators were "jumping the gun" and threatening delaying tactics even before their grading and remuneration had been considered by the Whitley Council, were also relayed to Board members at their January meeting. It was agreed that the Board's concern would be conveyed "urgently" to PSNC.

Consumer Protection Bill Director Tim Astill reported that he had had considerable correspondence with a number of Peers as the Consumer Protection Bill went through its committee stage in the House of Lords. Mr Astill said he intended to ask one of their Lordships to table an amendment at the Bill's Report Stage confirming that pharmacists would not be regarded as "holding themselves out as producers" if their name and address appeared on the label of a dispensed medicine.

Mr Astill also reported that he had attended a number of consultation meetings with the Consumer Affairs Minister, Michael Howard, as a member of delegations from the National Chamber of Trade and the Retail Consortium. At a meeting attended by representatives of the Consortium, the National Consumer Council, the National Federation of Consumer Groups and the co-ordinating body for Local Authority Trading Standards Officers, concern had been expressed about the complexities of the proposed Code of Practice for pricing bargain offers. A joint approach was being made to the Minister, and it was hoped that the final version of the Code would be shorter, easier to understand and protect retailers against legal loopholes.

Youth Training Scheme NPA training officer Ailsa Benson, and training sub-committee chairman, Leslie Calvert, Leeds, reported that increasing Government strictures and financial constraints would make it impossible for the NPA to continue as a management agent under YTS. The Board agreed that the NPA should withdraw from the scheme as a management agent, and act only as a link between commercial managing agencies and those NPA members who wished to participate in YTS.

'Something for everyone!' is the theme for the NPA Show in St Albans on Sunday, June 21. Peter White, the show organiser (centre) is briefed by business services manager John Goulding, and his assistant Christine Houtman

NPA Clearing House Don Ross (Lincolnshire) drew the Board's attention to adverse Press comment about delays in the operation of the Clearing House in December. NPA finance officer, Brian Dosser, said that the timetable for the December Clearing House had been as usual. But the holiday shutdown may have triggered "stop" procedures in computers. But there was no justification for withholding supplies merely because he had paid his account as usual through the Clearing House in December.

NPA Show '87 Further plans were announced for the Show to be held in St Albans City Hall on Sunday June 21. The organisers would shortly open a waiting list for stand space. A subsidy would be offered to Branches or Regions prepared to organise a coach to the Show.

Corn solvents and diabetics A letter from the British Diabetic Association had expressed concern that diabetics were not receiving warnings about the dangers of corn pads and corn solvents. The BDA had suggested having such products made POM. The Board agreed unanimously that this would not be an appropriate move because of inconvenience for non-diabetic patients, and it was unlikely that such a proposal would be acceptable to the Government on financial grounds.

Pharmacy Mutual Insurance Company PMI manager, John Hart, reported that insurance companies and similar financial institutions in the South-East of England were experiencing difficulties in recruiting middle-management staff. PMI had been short of key staff during the transition from the old shop policy to the new "Pharmacover", and it had not been possible to maintain the usual efficiency.

Difficulties for GP's dispensary

A Bath doctor's plan to open a dispensary at his surgery has been turned down by the City's planning committee.

Although the decision has to be ratified by the full Council on February 10, the PSGB's Bath Branch chairman Tom Moles is delighted with the outcome.

Pharmacists in the city had, in fact, faced the prospect of three new competitors. One application to open a pharmacy in a Georgian building next to a doctor's surgery was withdrawn before the planning committee met. A second, next to the proposed doctor's pharmacy in Oldfield Park, was rejected by the planning and highway department.

The same department recommended that the planning committee accept Dr Derek Walker's application to open a dispensary, but, says Tom Moles: "We managed to convince them that such a dispensary can only be registered as a retail pharmaceutical business, so must be treated the same way as the application to open next door, and that was turned down because the highways department didn't want to encourage retail development in a residential area."

Copmanthorpe fights on

The two-year fight for a pharmacy in the Yorkshire village of Copmanthorpe continues, with the local Community Health Council reaffirming its support for Leeds pharmacist Colin Parker's bid.

In 1983, doctors in nearby Tadcaster were granted permission to dispense to patients in Copmanthorpe, and when the RDC discussed Mr Parker's application in November 1985 they decided things had not changed sufficiently for it to be considered within five years of the doctors' application, ie before 1988.

In a letter to the Yorkshire Family Practitioner Committee, reported in the *Yorkshire Evening Press*, CHC secretary Don Hargreaves repeated the Council's earlier opinion: "In view of the distance from the nearest established pharmacy strong support for the provision of a pharmacy in Copmanthorpe should be expressed, principally because of the extensive residential development in the immediate area and the likelihood of continuing development."

TOPICAL REFLECTIONS

by Xrayser

Delay threatens rural pharmacy

Delay in the implementation of the contract as agreed in June 1985 will seriously impede the adoption of recommendations made in the Nuffield report and the Primary Health Care paper, according to an RPA sponsored report.

The report — "The distribution of medicines and chemist sundries in rural areas" — has been written by Professor Marsland of Brunel University, at the instigation of RPA member Keith Jenkins.

An essential finding of the survey is that negotiations between PSNC and the Department of Health have concentrated on the distribution of pharmacies, and ignored dispensing doctors whose surgeries constitute 3,000 extra dispensing points, says Mr Jenkins.

If these are phased out over the next five to ten years through the appropriate working of the Rural Dispensing Committee and pharmacy practice subcommittees, extra rural pharmacies could be established and present ones enlarged to provide pharmaceutical services to a catchment area of 5,000-6,000 residents.

"The operation and distribution of pharmacies is affected less by the opening of 1,000 urban premises than the continuation and increase of doctors dispensing. The financial effect of this has been estimated as a saving of £20m a year through the new contract. Uncovenanted profits of 3,000 dispensing doctors probably account for another £20m."

Mr Jenkins argues that increasing the rural dispensing limit to three miles should produce enough extra revenue to be able to eliminate essential small pharmacy payments within five years.

Tax alternative

Prescription charges should be replaced by direct taxation, or an increase in national insurance contributions, says the National Pharmaceutical Association in its formal submission to the DHSS on the Primary Healthcare document.

Such a system would be a more "equitable way" for the Government to recoup NHS costs, it suggests.

The NPA is also calling for at least one pharmacist on the organisation replacing the Health Education Council. The basis of this submission is given in the NPA's July Board report (*C&D* July 5, 1986).

A new deal?

There is to be a conference of Local Pharmaceutical Committees on Sunday. A vast expenditure of time and energy and money so that our representatives, or rather, contractor representatives can "chew the fat" about what they would like in the new contract. From a reading of the resolutions it is my opinion that some of them are close relations to "pie in the sky".

The reality? The Government wanted to reduce the numbers of pharmacy contractors. We objected to the increasing number of leapfroggers. What more natural than to strike a bargain producing a reasonable, calculated saving, while conferring a degree of security for contractors — both those already established, and those who satisfied the new criteria for openings. Who could have foreseen the Government being bluffed or panicked into a two year delay by groups who didn't want restrictions, which has utterly destroyed the basis on which the agreement was made?

All we are left with is a confusion. I would have thought it time to call a halt to this shambles and start again. I suggest it is the ultimate futility to waste any time talking about what we fancy, when the resolutions themselves are sufficient indication to the PSNC about how we feel. The meeting should be reconvened when there is something to discuss . . .

Cold catching

Aren't I a silly! Fancy my not realising that Benylin has nothing to do with Parke Davis, although they made it and marketed it for at least 40 years, but belongs to Warner Lambert Health Care! (see p222) But then who would have thought of sending 11,000 retail chemists a note telling them that if they wanted Parke Davis prescription items they would have to spend £1,000 per order to get 10 per cent discount, when practically every retailer contractor will be picking up about 5 per cent on day-to-day orders via his wholesaler. It is doubtful whether more than a handful would be in a league big enough to contemplate direct orders remotely approaching the size demanded.

Addictive?

Giving advice is seen as part of our job and not unnaturally we are looked to for help on drug abuse and addiction. But increasingly I am finding the advice workload biting into my time.

There is no question about it. The advertising campaign has produced a greater awareness of our availability, with the great British public just beginning to catch on. I'm beginning to wilt already. I didn't realise how tight a shop I ran. But not getting through the routine work because of "interruptions", no matter how ego boosting, is causing me to wonder about staffing levels when there is no visible increase in turnover. With the report of the course held at St George's Hospital, London to discuss ways pharmacists could tackle drug abuse, I'm beginning to wonder at which point the retail pharmacist will start to baulk. All this help on so many drug related themes, whose spectra take in all the paid and voluntary social services will require local directories in hardback folders, if we are to do justice to our pretensions.

Idiots all

Tom Wilson of Kent tells the tale of the dispensing doctor patient, unable to get to the surgery for his drugs, who called at the pharmacy for help. The surgery, on being 'phoned, asked the pharmacist to supply, but instead of forwarding a script to cover, sent the patient back with replacement stock.

It happened to me too — but only once. After that I invariably asked to have a script sent to me "since I was not able to dispense a NHS supply without a written prescription". A colleague, faced with the same proposition, sent a letter and a bill for services rendered to the GP, pointing out that having accepted a 'phoned script in good faith, its non receipt was a breach of contract.

Why buy?

The headline read "Pharmacists as profiteers?" Apparently pharmacists are seen by consumer groups in France, Germany, and the UK as determined to recommend the expensive brands. This, by consumers over the age of 40.

Other interesting conclusions from the consumer discussions were that price was most important. Yet in the UK people were prepared to pay 30% over the odds for recognised branded products! Advertising was not seen as an important factor.

While advertising may not have been perceived as important by the buyers it is implicit that their choice of product is conditioned by advertising. In which case the price is taken as being part of the package. As it happens my ethics do not point me towards high-priced items as such, but in making any sales, customer preference must play a large part in their ultimate choice.

Since when did this range extend right off the page?.....

JEYES LIMITED

*So Soft is currently on test in the London TV area.

Jeffrey Martin aim for analgesic

Jeffrey Martin (UK) Ltd are setting their sights on the £95m analgesic market, with the launch this week of Coda-Med tension headache tablets.

Coda-Med tablets each contain 450mg paracetamol, 15mg caffeine citrate and 8.1mg codeine phosphate. A pharmacy medicine, recommended dosage is one or two tablets every four hours with no more than eight in 24 hours. At £2.15 for 24, Coda-Med attracts a premium price.

The company says tension headache is the number one reason for analgesic purchasing in the £57m chemist sector. While other analgesics have multiple indications, Jeffrey Martin hope to build sales for Coda-Med by its positioning for one condition.

Advertising will follow the company's established route — 90 advertisements in the *Daily Mail, Sun* and *News of the World* over the first 12 weeks, accompanied by 650 30-second radio commericals each week throughout the country. A 50p coupon off other products in the company's range is available from Press advertisements. Altogether the company says that Coda-Med will rank second only to Nurofen in pharmacy only analgesic advertising share in 1987.

For the trade, Jeffrey Martin are to mailshot 11,000 UK pharmacies, detailing the product and including two free packs. Managing director Tony Broad says the company has learnt from the experience of its Catarrh-Ex launch last Summer, where early distribution was a problem. "This time, the pharmacist will have two packs to sell immediately," he says.

The company report a strong performance in 1986, with sales up 23 per cent to top the £3m mark. *Jeffrey Martin (UK) Ltd, PO Box 274, Sterling House, 165 Farnham Road, Slough SL1 4XJ.*

A Clear saving

Elida Gibbs are running an on-pack promotion for All Clear shampoo, offering cash savings and free toothpaste.

A free 50ml Signal toothpaste is offered with the economy size shampoo, which is reduced to £1 (normally £1.69, 250ml).

And 33 per cent extra free is offered on the large shampoo, which is reduced to £0.75 (normally £1.13, 150ml). Both promotions are available while stocks last, says *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

Another stride for Simplicity

Kimberley-Clark's Simplicity feminine hygiene range returns to the airwaves this week, with a further £250,000 burst of their television campaign. The Channel 4 campaign runs until the end of the month and features two of the collage effect 30-second commercials — "Simplicity lets you take everything in your stride" — introduced following last Summer's relaunch. The company says the exposure is the first phase in a record £1.5m programme for 1987. *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*

Efamol Ltd are launching a wallet containing a trial size tube of Efamolia moisture cream, lotion and enriched night cream (£0.99). *Efamolia, Efamol House, Woodbridge Meadows, Guildford, Surrey GU1 1BR.*

New look-added ZR confidence

Gillette are relaunching a newly designed ZR deodorant, backed by price reductions.

The product, which now aims to look bold and modern, will feature in coupon and sampling offers throughout Spring and Summer in magazines like *Mizz, Looks* and *Over 21*. And the relaunch includes introductory offer prices: the 40ml roll-on selling at £0.59 (normally £0.65); the 75g solid at £0.99 (normally £1.29), and the 150ml aersol at £0.79 (normally £0.85). *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

Calling all colds

Kleenex facial tissues are being advertised on the radio during February and March.

Two new commercials directed at cold sufferers, with the company's three original ones, will be featured on all local radio stations. Distributed by: *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*

S&N at home

Smith & Nephew medical are promoting their range of home healthcare products with new POS merchandisers.

A floor standing unit and shelf organiser have been designed to stock products such as Elastoplast, Melolin and Propex dressings, and are supported by leaflets describing product usage, say *Smith & Nephew Medical Ltd, PO Box 81, Hessle Road, Hull HU3 2BN.*

Sweet move for Klorane

Klorane Laboratories are adding sweet almond milk shampoo to their range, and offering free conditioners.

Designed for fine, delicate hair, the new shampoo (£1.69, 100ml; £2.69, 200ml) is packed in new rigid clear plastic bottles and comes in a carton featuring the botanical graphics motif. At the same time, the egg shampoo (normal-dry) is being phased out.

And free 125ml conditioners will be offered with 100ml shampoos in March and April, eight hair treatments being matched with the appropriate shampoo.

Distributed by: *Eylure Ltd, Grange Industrial Estate, Cwmbran, Gwent.*

...Since we added these famous household names.

FROM 1ST JANUARY 1987 JEYES LIMITED WILL BE MARKETING AND DISTRIBUTING THE IZAL RANGE OF HOUSEHOLD PRODUCTS.

- A major initiative by Jeyes Limited – the new independent company.
- The Izal range complements the Jeyes Limited portfolio – now one of the strongest ranges of household products from one source.
- Now you can expect a high standard of product support and development in 1987 to better your profits.
- Jeyes Limited is already the largest supplier of disinfectant and interleaved toilet paper in the UK.

FROM 1ST JANUARY 1987, THIS RANGE OF IZAL PRODUCTS WILL BE AVAILABLE THROUGH JEYES LIMITED AND FROM WHOLESALERS/CASH & CARRIES.

- The Izal range consolidates our unrivalled position.
- Izal product development by Jeyes Limited commences from Spring 1987.

JEYES LIMITED MEANS BUSINESS

JEYES LIMITED

For further information contact: Pat Norman, Jeyes Limited, Brunel Way, Thetford, Norfolk. Tel: 0842 4567.

Now concentrate

Tabac Original men's fragrance is now available in a concentrate form.

The eau de toilette super concentrate (£9.50, 100ml) comes in an opaline glass flask with a natural spray and is available in a display. The range is being backed by consumer advertising later in the year, say distributors: *Eylure Ltd, Grange Industrial Estate, Llanfrechfa Way, Cwmbran, Gwent.*

For the obsessed

Calvin Klein are introducing an Obsession for the body range in March.

All oval shaped and in amber and gold colours, the range includes bath soap (£9.50, 4.5oz); foaming bath crystal (£27.50, 7oz), and body cream (£37, 5oz). Distributed by: *Pascall Ltd, Warton House, 150 High Street, London E15 2ND.*

A face in the sun

Philips have launched a new face and shoulders UV-A solarium, model no HP3205. It features six 18in UV-A tubes which tan the head and shoulders. A timer and session memos are included (£79.95). *Philips Home Appliances, City House, 420 Croydon Road, Croydon CR9 3QR.*

Taylor of London are offering a sachet of foaming bath seeds covermounted on the March issue of *Annabel* as part of the promotions planned for their centenary. *Taylor of London, The Dean, Alresford.*

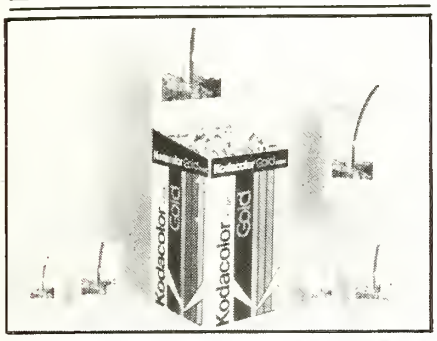
For you, dirty rat!

Gerhardt are introducing a rodent killer and insect powder.

The Bromadeth all weather rat and mouse killer (£2.49) is packed loosely and needs no mixing with other materials. And Dethlac ant and insect powder (£1.19) is designed to destroy home and garden pests. Both products should be kept away from children and pets, say *Gerhardt Pharmaceuticals Ltd, Thornton House, Hook Road, Surbiton, Surrey KT6 5AR.*

Dettol book it up

Reckitt & Colman are offering a free child care book with proofs of purchase from Dettol until the end of August. Promotional packs will be available from March 2, from *Reckitt & Colman Products Ltd, Pharmaceutical Division, Dansom Lane, Hull HU8 7DS.*



Kodak make it snappy!

Kodak hope to change from a "sleeping, retreating, monopolist" into an "aggressive, major competitor" in 1987. Their first onslaught begins with a package of Spring and Summer promotions.

The "find the Kodak pot of Gold" competition is featured on sleeved twin packs of Gold film in 135, 110 and 126 formats, and the first prize is £10,000. The closing date is June 30. Gold film is also to be promoted in television advertising.

The second major consumer competition offers a prize of a Jaguar XJS cabriolet car and an XJS coupe for an independent dealer. The competition, called "put a Kodak camera to the test," is to be advertised in the *TV Times* with the chance for trade dealers to feature in regional advertisements if they put in a minimum order for Kodak cameras. Kodak also plan a national photographic competition, "snap to it", to be run as a PR exercise through the Press.

The Kodak 35MD camera is being launched at around £65 to fill a gap in the company's range of compacts. In the same styling as the AF1, the 35MD features an f4.5 pre-focussed lens, motor drive, electronic flash, automatic film speed setting and automatic exposure.

In an attempt to compete directly with own brand films, Kodak will be selling their VR (value range) film at £1.99 in 24 exposure sizes of the most popular films — CL110, CL126, CP135 and disc (twin packs of disc film will retail at £3.79, says the company). For Kodachrome and Ektachrome the "save at least £1.50" on twin packs offer is being repeated.

Lastly, there are vouchers with Kodak E180 video tape offering a free bottle of wine with a Beefeater or Stakis meal for two. The promotion is to run from March to June. For retailers ordering a stock box of 40 tapes there is a voucher for a free bottle of champagne with a meal for four at Beefeater or Stakis restaurants.

The business development plan for retailers continues this year offering 20 Kodacolour VR110 films free with orders of 200 Gold films delivered between February 23 and May 15. *Kodak Ltd, Kodak House, Station Road, Hemel Hempstead, Herts.*

For eyes

Blackmores are introducing a Cornflower eye balm (£3.20, 30g). It is a water based gel containing cornflower and eyebright extracts and arnica. Available from March 23, it will be backed by magazine advertising, say *Blackmores Laboratories Ltd, Poyle Tech Centre, Willow Road, Poyle, Coinbrook, Bucks.*

Classic looks

Well-groomed but understated is the look for Spring, according to Elizabeth Arden, to be achieved with their new shades: neoclassic pink, coral, peach or magenta for lips and nails, with lips highlighted by twist of gold glossover, and steel blue/pale pink or graphic grey/graphic steel for eyes, finished with lilac slenderline pencil. *Elizabeth Arden Ltd, 13 Hanover Square, London W1R 0PA.*

Maybelline all at sea

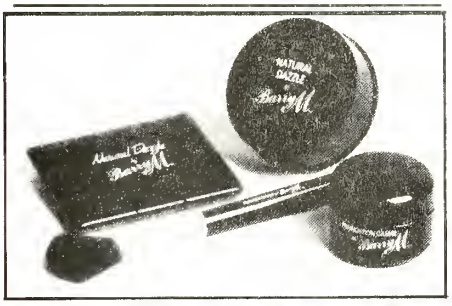
Maybelline's Spring make-up shades are based on South Sea colours.

A new split colour lipstick called colour fusion (£1.55) is available in Papaya shine and Anemone shine and nail enamel (£1.55) now comes in coral reef and sea urchin; single shadow (£1.65) in sunbaked peach and sunkissed lilac ; kohl eye pencil (£1.45) in palm green and paradise pink, and brush blush (£2.40) in soft mango and cassis. Distributed by: *Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE.*

A Maja package

RDM are offering two new merchandisers and an introductory package to promote the Maja range, with reduced product prices and retailers' discounts.

The merchandisers contain twelve bath soaps (£1.85, 150g) with free travel containers, 18 eau de toilette atomisers (£6.85) with £1 off each and with a tester provided. And the introductory package, with 10 per cent off trade price (normally around £80) and containing free display material includes: 25g soaps (£0.25 each); 75g soaps (£4.20, pack of three); 150g soaps (£5.85, pack of three); parfum atomisers (£11.75, 30ml); talcum powder (£2.25); shower gel (£3.75) and body lotion (£3.75). *R.D.M Ltd, Bath Gardens, Bakewell, Derbyshire DE4 1BT.*



Barry M bring out three

Barry M are introducing three new products to their cosmetic range.

Foundation creme (£2.95) comes in twelve shades, ranging from a dark shade claimed to be ideal for black skins, through to white, which can double as a cover-up for dark circles and broken veins. The product is cartoned and packaged in a black plastic tub.

Barry M eyeliner is available in 12 colours, three conventional and nine jewel colours, in a transparent case with silver cap and synthetic brush (£1.75).

And Natural Dazzle brush-on contour dust is now available in a solid compact form, in a slim black case with a mirror (£5.95). A display box is available, holding 18 units plus a tester. None of the products have been tested on animals. *Barry Mero Ltd, Unit 1, Bittacy Business, Bittacy Hill, Mill Hill East, London NW7.*

Care-ful change

Clairol are revamping the packaging of their Loving Care hair colourant.

A new slim-line plastic bottle with applicator cap replaces the glass one, and it is now packaged in a taller carton with the Clairol name strengthened and the "no ammonia, no peroxide" claim on-pack. This comes in conjunction with current television advertising, which will be repeated later in the year. Distributed by: *Bristol-Myers Co Ltd, Swakeleys House, Milton Road, Ickenham, Uxbridge UB10.*

Dark deeds

Morgan's Pomade are introducing a hair darkening mousse (175ml, £2.10). They have also repackaged their hand cream and moisturising cream into 75ml tubes, which sell at the same price as the previous 50ml jars (£1.38). *Morgan's Pomage Co Ltd, Colewood Road Industrial Estate, Swalecliffe, Whitstable, Kent CT5 2RT.*

Wella are offering 20 per cent extra free on Shock Waves super firm gel and styling creme, and their Hard Rock hairspray is on offer with a free banded-on handbag size. *Wella Great Britain, Wella Road, Basingstoke, Hants.*

Pacified in the First Years

The First Years have introduced a range of one-piece pacifiers. The clear natural coloured vinyl pacifiers are 100 per cent nitrosamine free with soft nipples. The pliable shield prevents irritations and has been designed to pull inwards to keep growing teeth in proper alignment.

The range comprises a one-piece pacifier (£0.55); one-piece Kip orthodontic pacifier (£0.65); and a one-piece newborn Kip orthodontic pacifier (£1.15). All the pacifiers are sterilisable and dishwasher safe. The pacifiers are blister packed onto colour coded small square cards for display. *Baba Marketing, 93 Canning Road, Wealdstone, Harrow, Middx.*

Hogging the show

Ronbinson's baby foods are spending £500,000 in the first half of the year on a new natonal campaign on TV-am to support the relaunch of their dry baby food range.

The new 40 second commercial entitled "My friend John" features Spikey the hedgehog who is also used in specialist Press advertising. It is the first time Robinsons have been on TV since 1984 and the first burst runs until May. A further burst is planned for later in the year. *Colmans of Norwich, Carrow, Norwich.*

Yorkshire nose about fragrance

Over 95 per cent of women in Yorkshire use fragrance, 50 per cent daily, and over half the purchases are made in chemists.

These figures are reported in a Yorkshire television survey, which also points out that 70 per cent of users buy for themselves.

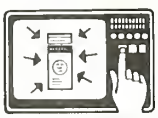
Three quarters of women and half of men buy women's fragrances, men at least twice a year. But it is men who are best off when it comes to gifts. With 66 per cent of women buyng fragrances for them, they are top of the list for receiving scent, with wives second and mothers first.

About 33 per cent of people use one brand regularly, says the report, many women keeping a special one for the evening. Nearly half of consumers are happy to buy new brands, but one third, particularly the young and single, prefer a line with matching toiletries.

Television, it says, is the most important source of information about fragrances. *Yorkshire Television, Television House, 32 Bedford Row, London WC1R 4HE.*

Jenks Brokerage are now responsible for the distribution of Hermsetas products in the chemist trade. *Jenks Brokerage, Castle House, Desborough Road, High Wycombe, Berks HP11 2HS.*

ON TV NEXT WEEK



GTV Grampian	U Ulster	STV Scotland
B Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	Bt TV-am	TT Tyne Tees

Aapri wash cream:	All areas,C4
Actifed:	All areas except Ulster
Askit powders:	GTV,STV
Atrixo:	All areas,C4,Bt
Benylin day & night:	Y
Benylin expectorant/paediatric:	All areas,C4
Clairol Loving Care:	All areas, C4(C,TVS,U)
Complan:	All areas
Contac 400:	STV,G,C,TVS,LWT,C4, (LWT,TVS,C,G,STV)
Cymalon:	GTV,STV,A,LWT,TTV,C4
Dimotapp:	All areas
Fisherman's Friend:	All areas
Hill's Balsam:	U,G,Y,TT
Junior Paraclear:	Y,C,TVS,LWT,TTV
Karvol:	All areas
Kleenex Velvet toilet tissues:	All areas
Listerine:	All areas
Mu-Cron:	STV,G,C,HTV,TSW,LWT,TTV
Nurofen:	All areas
Optrex:	All areas
Paracodal	All areas except LWT,TVS,Y,U,G
Peaudouce Babyslips:	Bt
Robinson's babyfoods:	Bt
Robitussin:	All areas
Sanatogen:	All areas, C4, Bt
Seclodin:	A
Sensodyne toothpaste:	All areas except CTV,C4
Simple skin care:	C4
Sinutab:	All areas
Solpadeine:	GTV,STV,BTV,G, C,A,HTV,TSW,TVS LWT,TTV,TT,C4
Strepsils:	All areas
Veno's Night Time:	All areas

Insignia down on the farm

Shulton are offering new display material for Insignia, and the chance to win holidays at a health farm.

The new POS material comprises a window card and a counter card, plus a merchandiser designed to hold the whole range. It will be available to Insignia's top stockists, say Shulton.

The counter unit features two secret numbers, and retailers whose numbers match up to those held by their territory manager will win a weekend for two at Henlow Grange health farm in Berkshire. There are three weekends to be won during March and April, and three more in July and August.

Pharmacists stocking and displaying the counter unit throughout the incentive period will qualify for entry to a draw, with a prize of one week at Henlow Grange and two free bottles of aftershave will be given away each time the territory manager calls, if the unit is correctly stocked. *Shulton (UK) Ltd, Shulton House, Alexandra Court, Wokingham, Berks.*

Blue period

Gillette UK Ltd are running promotions on their Blue II range and Contour Plus, in February and March.

Added value packs of Blue II are available 6 for 5 — and 12 for 10 — with "Step into the blue" television advertising. A trial pack of a Contour Plus razor and two blades (£0.79) will also be available for a limited period, say *Gillette UK Ltd, Great West Road, Isleworth, Middlesex.*

An alternative egg

Sunwheel Foods Ltd have introduced a Kalibu carob Easter egg. Each 100g egg (£1.99) contains 30g bag of carob and yoghurt coated peanuts and raisins. *Sunwheel Foods Ltd, Granary House, Wetmore Road, Burton-on-Strent, Staffordshire DE14 1TE.*

WLHC tonic in the Press

Warner Lambert Health Care are supporting Metatone tonic with a £650,000 Press advertising campaign.

Running through until April, Metatone master paintings advertising will feature in magazines like *Woman's Own, Family Circle, She, Prima,* and newspapers including the *Daily Mirror, Sun, Daily Star, Sunday Express* and *supplement. Warner Lambert Health Care, Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY.*

Not for softies

Brolene eye drops have been reformulated and now contain benzalkonium chloride solution BP 0.01 per cent v/v.

Like all preparations containing benzalkonium chloride, Brolene eye drops should not be used in patients who wear soft contact lenses, say *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex RM10 7XS.*

Dramamine agent out

Dramamine travel sickness tablets are being reformulated to exclude tartrazine colouring agent. The new white tablets will be phased in to replace existing stocks. A minimum trade bonus of 15 per cent is available until March with new POS material available shortly from Searle reps, *Searle Pharmaceuticals, Whalton Road, Morpeth, Northumberland.*

Ayerst Laboratories apologise for difficulties retailers have experienced in obtaining supplies of BC500 effervescent, these have now been rectified. *Ayerst Laboratories Ltd, South Way, Andover, Hants SP10 5LT.*

Forceval junior capsules will also be available in packs of 10 (£0.98) from February 16, from *Farillon Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8UE.*

Seatone is now available in a 330 capsule pack (£16.85). Free copies of "Relief from arthritis, the natural way", which details the use of the mussel extract in the treatment of arthritis, are available to pharmacists from *Dietary Specialities Ltd, DSL House, 159 Mortlake Road, Kew, Surrey TW9 4AW.*

Cold comfort

The Wellcome Consumer Division is launching a radio advertising campaign for its Sudafed range, with emphasis on the cold and flu tablets.

The advertisements will be broadcast on Capital, Piccadilly, Clyde and BRMB in Birmingham to reach an estimated audience of 16.2 million. The campaign, with actor Peter Barkworth, will feature 35 spots per week on each station until March 22. *The Wellcome Foundation Ltd, Crewe Hall, Crewe, Cheshire CW1 1UB.*

PRESCRIPTION SPECIALITIES

Coming off benzodiazepines

A course of treatment aimed at weaning patients off benzodiazepine hypnotics is being introduced on February 12 by Farmitalia Carlo Erba.

The temazepam capsules Planpak (£8.57 trade) consists of six colour-coded strips each containing seven capsules of temazepam in reducing doses. For the first two weeks the patient takes one temazepam 10mg capsule every night, for the next two weeks a 5mg capsule every night and for the last two weeks 2mg per night.

Although withdrawal symptoms are minimised by this gradual reduction, the company believes that patients will still need counselling and support from their doctor and pharmacist, and leaflets are available to help.

The pack is also being recommended as a course of short term therapy for sleep disturbances. *Farmilalia Carlo Erba Ltd, 23 Grosvenor Road, St Albans, Herts AL1 3AW.*

Bioplex granules

Distributor Thames Laboratories Ltd, 5 Lower Road Square, Isleworth, Middx TW7 6RL
Description White or off-white peppermint flavoured granules containing 1 per cent carbenoxolone sodium
Uses Treatment of aphthous mouth ulcers
Dosage One level 5ml spoonful of granules (2g) dissolved in 30 to 50ml warm water and used as a mouthwash three times daily and at night until ulcers have healed. Mouthwash must not be swallowed
Adverse effects None reported. Blood levels of carbenoxolone insignificant following use of the mouthwash. However, the daily dosage of carbenoxolole (80mg) in the mouthwash if infested may, in elderly patients and those suffering from cardiovascular, renal or hepatic disease, cause sodium and water retention, increased blood pressure and hypokalaemia
Supply restrictions Prescription only
Packs Tubs of 50g (£9.20 trade)
Product Licence 0181/0029
Issued February 1987
Further information Manufacturing Biorex Laboratories, Bioplex is being promoted to hospitals only at present.

Merieux's mono

Merieux are launching their MFV-ject monovalent influenza vaccine containing the A/Singapore/6/86-like strain (H_1N_1), that has been recommended by the chief medical officer as additional protection for "at risk" groups. The single-dose prefilled syringes are priced at £4.07 each (trade). *Merieux UK Ltd, Fulmer Hall, Hay Lane, Fulmer, Slough SL3 6HH.*

BEECHAM PROPRIETARIES

BEECHAM HOUSE, BRENTFORD, MIDDLESEX TW8 9BD TELEPHONE 01-560 5151

Prices effective from 2nd March 1987 Product Description		Sales Status	Retail Price per unit inc VAT	Units per Case	Standard Wholesale Price per Case exc. VAT
			£		£
Ashton & Parsons	Infants Powders	GSL	.83	6	3.31
Beechams Powders	Sachets (8) Standard	GSL	.88	24	14.03
	Sachets (20) Large	P	1.51	6	6.02
	Single Sachet	GSL	.15	60	5.98
	Tablets (18)Standard	GSL	.99	12	7.89
	Tablets (36) Large	P	1.39	6	5.54
	Mentholated Sachets (8)	GSL	.88	12	7.02
	Capsules (10) Standard	GSL	.91	12	7.25
	Capsules (20) Large	GSL	1.52	12	12.12
Cephos	Powders (8)	GSL	.88	12	7.02
	Tablets (16)	GSL	.88	12	7.02
Day Nurse	Liquid (160ml)	P	2.25	6	8.97
	Capsules (20)	P	1.97	12	15.71
Dinneford's	Gripe Mixture (125ml)	GSL	.99	12	7.89
Diocalm	Standard (20)	PCDI	1.53	12	12.20
	Family pack (40)	PCDI	2.43	6	9.69
Ellimans	Embrocation (70ml)	GSL	.95	12	7.57
	Embrocation (110ml)	GSL	1.30	12	10.36
Eno	10 Sachet	GSL	.92	12	7.33
	Standard (109g)	GSL	1.24	6	4.94
	Large (218g)	GSL	2.02	6	8.05
	Lemon 10 Sachet	GSL	.92	12	7.33
	Lemon Standard (109g)	GSL	1.24	6	4.94
Fynnon	Salt 200g	GSL	.99	12	7.89
	Calcium Aspirin (24) Std.	P	1.03	12	8.21
	Calcium Aspirin (48) Lge.	P	1.65	6	6.58
Germolene 2	Standard (30g)	GSL	.76	12	6.06
	Large (55g)	GSL	1.15	12	9.17
	Family (120g)	GSL	1.80	6	7.17
Germolene	Ointment Tube (27g)	GSL	.76	12	6.06
	Plasters	–	.78	12	6.22
	New Skin (13ml)	–	.99	6	3.95
Iron Jelloids	Standard (75)	P	1.74	6	6.94
	Large (160)	P	2.84	3	5.66
Mac Lozenges	Original Tube (12)	GSL	.26	36	6.22
	Original Carton (27)	GSL	.59	24	9.41
	Honey & Lemon Tube (12)	GSL	.26	36	6.22
	Honey & Lemon Carton (27)	GSL	.59	24	9.41
	Blackcurrant Tube (12)	GSL	.26	36	6.22
	Blackcurrant Carton (27)	GSL	.59	24	9.41
	Mint Tube (12)	GSL	.26	36	6.22
	Mint Carton (27)	GSL	.59	24	9.41
	Extra (24)	GSL	.96	12	7.65
Night Nurse	Liquid (160ml)	P	2.25	6	8.97
	Capsules (10)	P	1.47	12	11.72
Oxy	Oxy 5	P	2.39	6	9.53
	Oxy 10	P	2.71	6	10.80
Phyllosan	Standard (50)	GSL	1.30	6	5.18
	Medium (100)	GSL	2.12	4	5.63
	Large (200)	GSL	3.52	1	2.34
Ralgex	Cream	GSL	.95	12	7.57
	Stick	GSL	1.12	12	8.93
	Spray	GSL	1.49	12	11.88
Scott's Emulsion	Medium (200ml)	GSL	2.09	6	8.33
	Large (500ml)	GSL	4.55	6	18.14
2nd Debut	CEF 1200 (57ml)	–	4.19	3	8.20
	CEF 1200 (100ml)	–	5.49	3	10.74
Veno's	Expectorant (100ml)	GSL	1.35	12	10.76
	Expectorant (160ml)	GSL	1.79	6	7.14
	Honey & Lemon (100ml)	GSL	1.35	12	10.76
	Honey & Lemon (160ml)	GSL	1.79	6	7.14
	Adult Formula (100ml)	GSL	1.35	12	10.76
	Adult Formula (160ml)	GSL	1.79	6	7.14
	Night-Time (100ml)	P	1.46	12	11.64
	Night-Time (160ml)	P	1.94	6	7.73
Yeast-Vite	Standard (20)	GSL	.91	12	7.25
	Large (50)	GSL	1.61	6	6.42
	Economy (100)	GSL	2.82	6	11.24

All prices per case are subject to the addition of VAT which will be charged at the rate effective at the time of despatch. All goods marked GSL or P or PCDI are resale price maintained. **PCDI**: Sale is restricted to persons lawfully conducting a retail pharmacy business or to holders of a Wholesale Dealer's Licence (Medicines Act 1968) and registered under Schedule 1 of the Misuse of Drugs Regulations, 1973 for sale to the lawful conductor of a retail pharmacy. **P**: Sale is restricted to persons lawfully conducting a retail pharmacy business or to holders of a Wholesale Dealer's Licence (Medicines Act, 1968) for sale to the lawful conductor of a retail pharmacy. **GSL**: Medicines for general sale. Wholesalers must hold a Wholesaler Dealer's Licence (Medicines Act,1968)

Molipaxin 150mg

Roussel are launching Molipaxin 150mg tablets in a 30-tablet pack, giving a month's treatment under a new, single *nocte* dosage regime

Manufacturer Roussel Laboratories Ltd, Broadwater Park, North Orbital Road, Denham, Uxbridge, Middx UB9 5HP

Description Salmon pink, film coated, round biconvex tablets, approximately 11mm in diameter with a white core, containing 150mg trazodone hydrochloride. The tablet is embossed "Molipaxin" and "150" on one side with a breakline on the other

Uses Antidepressant

Supply restrictions Prescription only

Packs 30 tablets, two blister strips of 15 (£10.30 trade)

Product Licence 0109/0133

Issued February 1987

Ismo 10 tabs

MCP are introducing a 10mg strength of their Ismo brand of isosorbide mononitrate. The 10mg tablets have previously only been available in the Ismo Starter pack, launched last April; requests for separate packs have prompted the move. Ismo 10 will be packed in 100-tablet Securitainers (£5.80 trade). *MCP Pharmaceuticals Ltd, Simpson Parkway, Kirkton Campus, Livingston, West Lothian EH54 7BH.*

Sinthrome 4mg tablets in 100s will soon be packed in securitainers. The tablets themselves and the price remain unchanged. *Ciba-Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex RH12 4AB.*

The 125ml bottle of Vallergan Forte syrup has been replaced by a 100ml bottle (£2.24 trade). *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex RM10 7XS.*

The smallest pack Uniphyllin Continus 400mg tablets will change from 60s to 56s from the end of February (£7.24 trade). *Napp Laboratories, Cambridge Science Park, Milton Road, Cambridge CB4 4GW.*

CP Pharmaceuticals' Monoparin 1,000 units per ml — heparin sodium (mucous) BP — is now available in a 10ml ampoule (10, £6.59 trade). *CP Pharmaceuticals Ltd, Red Willow Road, Wrexham Industrial Estate, Wrexham, Clwyd LL13 9PX.*

Galen's Parake tablets have been reduced in price, and are now equivalent to the Drug Tariff co-codamol price. The company has also reduced the price of its **Dynese** mint and orange suspensions — which are prescribable as magaldrate 800mg in 5ml suspension — to £1.90 for 500ml. *Galen Ltd, Seagoe Industrial Estate, Craigavon, Northern Ireland BT63 5QD.*

Stemetil 5mg tablets have been reformulated. They are now slightly smaller in size and more creamy in colour. Lactose is now an ingredient. Packs of 25 tablets have been discontinued; 250s and 1,000s remain available. *May & Baker Pharmaceuticals, Rainham Road South, Dagenham, Essex.*

Windsor Pharmaceuticals would like to remind pharmacists that Laxoberal, a sugar-free liquid laxative which is suitable for diabetics, is available on prescription under its generic name, **sodium picosulphate elixir.** *Windsor Pharmaceuticals Ltd, Ellesfield Avenue, Bracknell, Berks RG12 4YS.*

THERE'S LAXATIVES

AND THERE'S DUPHAR LACTULOSE

Clear advantages for your customers

Lactulose is widely prescribed by the medical profession. They know that lactulose produces a change in bacterial populations more favourable to a normal bowel function.[1,2,3] Unlike many laxatives which cause irritation and griping, lactulose has no serious side effects.[4]

That's why lactulose is prescribed for all kinds of patients from infants and pregnant women to the elderly.

Clear advantages for you

Duphar Laboratories, the manufacturers of Colofac, Serc, Influvac Sub-unit, and other valuable prescription medicines, will continue to support your important healthcare role in the community.

In addition, Duphar will help both you and your customers, providing educational materials and information.

You can confidently recommend Duphar lactulose to your customers who seek laxative relief without the unwanted effects of conventional laxatives.

duphar lactulose®

lactulose solution BP

The clear solution in constipation

PRESCRIBING INFORMATION: Presentation Lactulose Solution BP containing lactulose 3.35 gm per 5 ml. Available in bottles of 300 ml and 1 litre and plastic containers of 5 litres. Basic NHS price £2.61, £7.73 and £38.45. **Indications** 1. Constipation. 2. Hepatic encephalopathy (Portal systemic encephalopathy): hepatic coma. **Dosage and Administration** Constipation: Starting dose – Adults 15 ml twice daily. Children 5–10 years 10 ml twice daily. Children under 5 years 5 ml twice daily. Babies 5 ml daily. Hepatic encephalopathy: 30–50 ml three times daily, and adjust according to response. **Contra-indications, Warnings, etc.** Contra-indications: Galactosaemia. Gastro-intestinal obstruction. Precautions: Lactose intolerance. **Product Licence Number** 0512/5001.

References: 1. Florent C. et al. J Clin Invest 1985; **75:** 608–613. 2. Palmie P.E. Therapiewoche 1980; **3:** 4045–4049. 3. Hoffman K. et al. Klinische Wochenschrift 1964; **42** (3): 126–130. 4. Sanders J. J Am Ger Soc 1978; **26** (5): 236–239.

Further information is available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO3 3JD. Tel: 0703 472281.

duphar

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LAC/CH/87

The machinations of PSGB Council — Alan Nathan explains all

Alan Nathan was elected to the Council of the Pharmaceutical Society of Great Britain last May with many members and Councillors perhaps regarding him as a dissident. Before announcing his candidature he renounced the chair of the British Pharmacists Association (UK), a body which in its various guises, had campaigned long and vigorously against the new contract and the pharmaceutical establishment. In this article Mr Nathan says how his former prejudices match up to the reality of life on Council. And he sets out for the grass roots pharmacist the structure and operation of Council.

In December 1985, I was leading a breakaway organisation, Pharmacists Against the Contract (PAC) fighting the pharmaceutical establishment over the proposed new NHS contract for community pharmacy and its implications for the small independent pharmacist. I had had no previous involvement in pharmaceutical politics and, I believe like the majority of pharmacists, my opinion of the "establishment" Council of the Pharmaceutical Society of Great Britain was a negative one. I considered that its members were unrepresentative of pharmacists as a whole; that they were out of touch with the situation at grass roots, and that their decisions were made without regard to the opinions or aspirations of the average pharmacist.

Life is full of ironies, and one year further on, I find myself a member of the very body of which I was so recently a critic. I have now been a member of the Council for over six months, and have had the opportunity to look at the situation from the other side. As might be expected, my experiences have to some extent modifed my outlook, and have dispelled some of the wilder myths that I had held to be fact in common with thousands of other pharmacists. On the other hand, my time as a Council member has confirmed some of the opinions and criticism I then held.

I am a great believer in the value of communication. I feel that a failure in communication between pharmacy's leaders and the bulk of its practitioners is what lies at the root of our undeniable apathy. It is this apathy that prevents us coming together as the strong and united force that we must be if we are to successfully face and overcome the challenges threatening our professional survival. I have proposed to the Council a campaign to improve communication with the members of the Society, and work on this will begin soon. In the meantime I feel I can make a contribution by describing how the Council operates, as it is vital that pharmacists understand how the decisions that crucially affect their lives and livelihoods are arrived at.

To start with I can dispel the notion that being on the Council is a cosy sinecure — Council members have to work very hard. Each month meetings of the Council and its standing committees extend over two-and-a-half days. In addition Council members are required to serve on the various subcommittees and working groups of the Society, and to represent the Society on a multitude of outside committees and bodies. They are also expected to address meetings of local branches of the Society and other organisations. New members of the Council are given the lightest load of duties, yet even I am already spending at least five working days per month on Council engagements, and there is scarcely a week in my diary without some Society commitment. Senior members are required to do much more, and for some it is nearly a full-time job. Expenses are paid but they do not cover loss of earnings, and cannot compensate for the disruption to one's business affairs or career.

Operative structure

The operation of the Society falls into two categories:—

(a) **Administration.** This is run by the professional secretariat who deal with the day-to-day running of the Society's affairs, and implementation of the Council's decisions.

(b) **Policy making.** This is the responsibility of the Society's elected representatives, and made independently, with technical advice from the senior administrative staff.

The structure of the policy making apparatus is like a pyramid. At the base are a large number of subcommittees and working groups, which often contain co-opted members from outside the Council with specialised knowledge or experience. Their deliberations and decisions are then passed up for consideration by the relevant Standing Committee of the Council, of which there are eight. These are composed exclusively of Council members, except for the Education Committee, which has five heads of schools of pharmacy and a students' representative as co-opted members. It is in these committees that recommendations from the subcommittees are either adopted or rejected. Decisions of a more political nature are also taken directly in the Standing Committees. The proceedings of the Standing Committees are then passed forward as recommendations to the main Council, which has the final power of acceptance or rejection. The majority of the Standing Committees' recommendations are approved "on the nod", but the more contentious issues are generally thrashed out in Council, and recommendations from Standing Committees are often rejected on a vote. Council members may also propose

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On the evening of February 7th 1986 we were looking forward to a year of healthy sales growth – some 75% increase on the previous year.

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motions to the full Council, but this is generally reserved for major issues which can significantly affect the future of the profession.

The Council consists of 24 members, 21 of whom are pharmacists each elected for a three year term. Three are distinguished experts in other fields appointed by the Privy Council.

The procedure in the main Council is fairly formal with strict Standing Orders to be followed. However, these can be relaxed at the president's discretion, and often are to allow an issue to be fully debated. In the Standing Committees and subcommittees the atmosphere is more relaxed, and decisions are normally taken by concensus, although formal proposals and votes do occur if there is not full agreement.

Committee structure

The complexity and organisation of the work of the Council can be seen more clearly by looking more closely at the Standing Committees and their subcommittees. The eight Standing Committees are:—

1. Education: This deals with all aspects of undergraduate and postgraduate education, preregistration training and continuing education for qualified pharmacists. Some of its contributing committees are the postgraduate education subcommittee; the committee of the heads of schools of pharmacy; the working party on education and training, which is currently involved on making a complete review of the undergraduate course for pharmacists and preregistration training; the preregistration review group, and the manpower subcommittee.

2. Ethics: This considers matters relating to professional conduct, and much of its time is taken up considering breaches of the Society's Code of Ethics, such as unethical advertising and canvassing, and ensuring that improper commercial relationships do not exist between pharmacists and doctors operating in the same building or in close proximity. It was the responsibility of this committee to formulate the Society's policy on the dispensing of parallel imports. It has the power to recommend referral of cases to the Statutory Committee, but this must be approved by the full Council.

The Statutory Committee is a body completely independent of the Council, consisting of five pharmacists (who are not Council members), with a judge as chairman. It is only this Committee which has the power to take disciplinary action against pharmacists.

3. Finance and General Purposes: Administers all the finance and day to day running of the Society. Votes monies for new projects.

4. Law: With input from its subcommittees on law and legislation it assesses the effect of new and proposed legislation on the profession, and recommends appropriate action. It also considers breaches of the law by pharmacists, with the power to refer cases to the Statutory Committee.

5. Organisation: Responsible for running the Society's branch and regional structure, and arranging meetings for them which eventually feed back through the Organisation Committee to the Council. It is responsible for the Society's publicity and public relations, and the annual conference.

6. Practice: Oversees all branches of professional practice: community, hospital and industrial. It processes the expert input from subcommittees for each branch. The community pharmacy subcommittee for example, has, as well as twelve Council members, the director of the National Pharmaceutical Association, the chief executive of the Pharmaceutical Services Negotiating Committee, and the pharmacy superintendents of both Boots and the Co-operative Chemists. The decisions, for example, to make machine-produced labels compulsory, and to make it a requirement of the Guide to Good Dispensing from January 1987 to use warning labels, came up through this Standing Committee.

7. Science: Deals with technical and scientific matters concerning pharmacy. For example, the recent statement by the Society on homoeopathic medicines was formulated, in essence, by this Committee, although it was amended after discussion by the full Council.

8. Staff: Is responsible for employing the Society's staff, for negotiating their salaries and for their welfare. All senior appointments are made with the direct involvement of members of this Committee. It is also responsible for fixing the scale of expenses for Council members. The members of the Staff Committee and Finance and General Purposes Committee are senior members of the Council.

What I have given is a brief and very simplified description of the extremely complex, although excellently organised, system through which the decisions are taken that affect the running and future of the profession of pharmacy. I hope that I have dispelled some of the commonly held misconceptions about the work Council members do, and shown that the job involves more than a few cosy meetings and a monthly dinner.

The Council corset — a personal view of its constrictions

In the preceding article Council member Alan Nathan described the structure and function of the Council of the Pharmaceutical Society. He now gives his personal view of some of the constraints on the actions of members of the Council. He also takes a critical look at the way the system works and makes suggestions for reforms which he believes would make Council decisions more representative of the views of the membership as a whole, so leading to greater strength and unity within the profession.

I feel that pharmacy today is confronted by the most crucial challenges in its 150 year history. The decisions and actions taken now will mean either that we can look forward to the future with confidence, or that within a few years pharmacy as we know it will all but have ceased to exist, with consequent massive unemployment throughout the profession. Strength and unity of purpose are, therefore, absolutely essential if we are to survive and prosper.

One of the greatest, although necessary, barriers to freedom of action and expression for a Council member is the policy of collective responsibility. Once an issue has been debated and a vote taken all are bound by the majority decision. There can be no alternative if the Council is to be effective in implementing its decisions, but it can prove frustrating to those whose views are not always in line with the majority.

Decisions are sometimes taken by the Council which appear to run counter to the opinion held by the profession as a whole because Council members have access to far more information than the average pharmacist. Whether they are right or

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New Presentation for Shingles

Prescribing information
Presentation Each pink, shield-shaped tablet is impressed "ZOVIRAX 400" on one side and a triangle on the obverse, and contains 400mg acyclovir. **Uses** Treatment of acute herpes zoster infections. Whilst a beneficial effect of treatment on acute pain has been shown, studies have not yet demonstrated an effect on post-herpetic neuralgia. **Dosage** *Adults:* Two 400mg tablets five times daily for seven days. Treatment should start as early as possible after rash onset. **Contra-indications** Contra-indicated in patients known to be hypersensitive to acyclovir. **Precautions** For patients with severe renal impairment (creatinine clearance less than 10ml/minute) a dose of 800mg twice daily is recommended. For those with creatinine clearance from 10-25ml/minute a dose of 800mg every six to eight hours is recommended. In the elderly, total acyclovir body clearance declines along with creatinine clearance. Adequate hydration of elderly patients taking high oral doses of Zovirax should be maintained. Special attention should be given to dosage reduction in elderly patients with impaired renal function. Experience in human pregnancy is limited so caution should be exercised in prescribing for pregnant women.
Side- and adverse effects Skin rashes have been reported in a few patients receiving Zovirax Tablets; the rashes have resolved on withdrawal of the drug. In trials, the incidence of gastrointestinal events has not been found to differ from placebo.
Basic NHS cost 70 tablets (PL3/0227) £119.00.

Further information is available on request.

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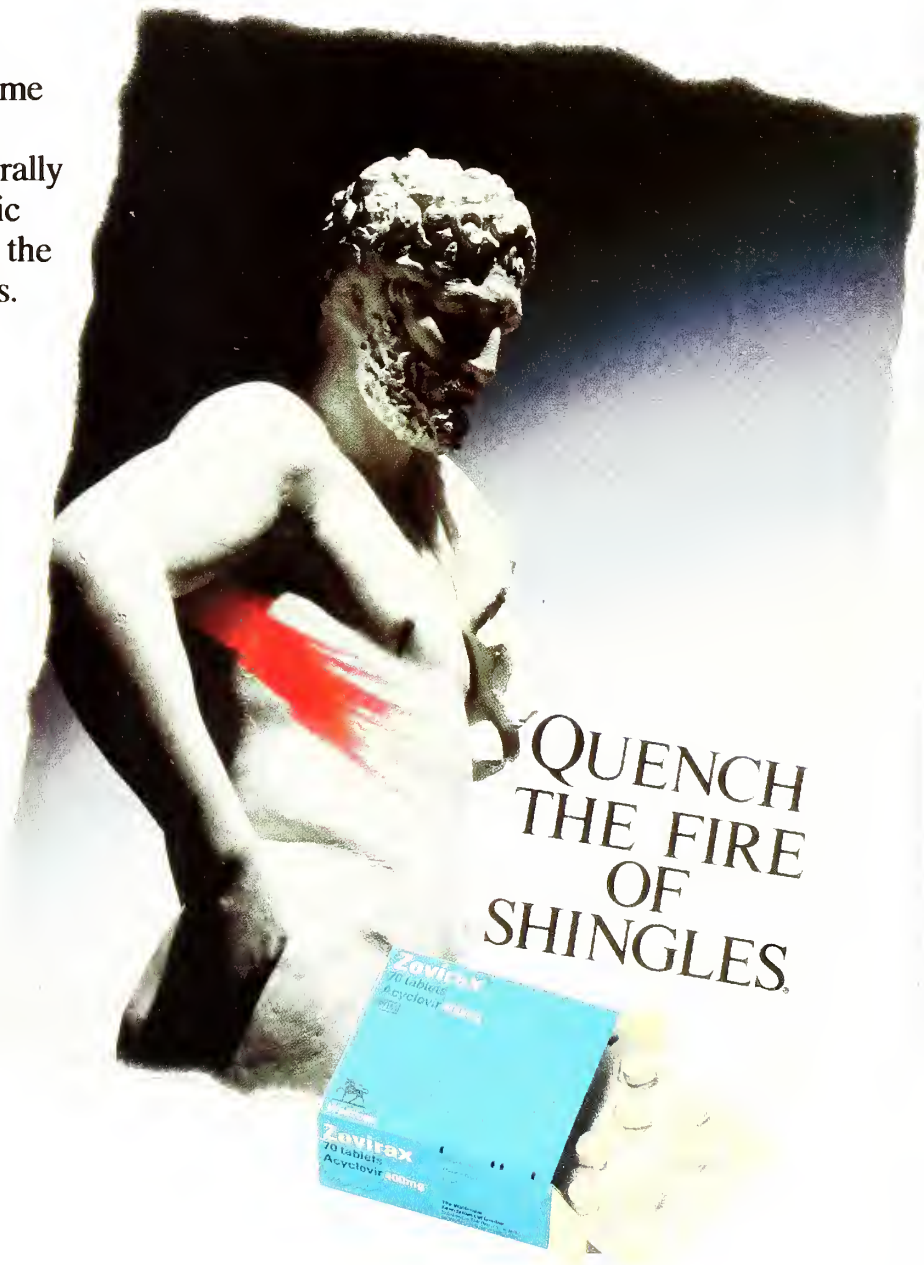
The seven-day treatment, using the new 400mg tablets, is presented as a complete course in one pack — the 7 day Shingles Treatment Pack. Promotion to doctors starts immediately and supplies are available through the normal wholesaler channels.



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ZOVIRAX* **acyclovir 400mg tablets** *Trade Mark

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Insignia was a runaway success
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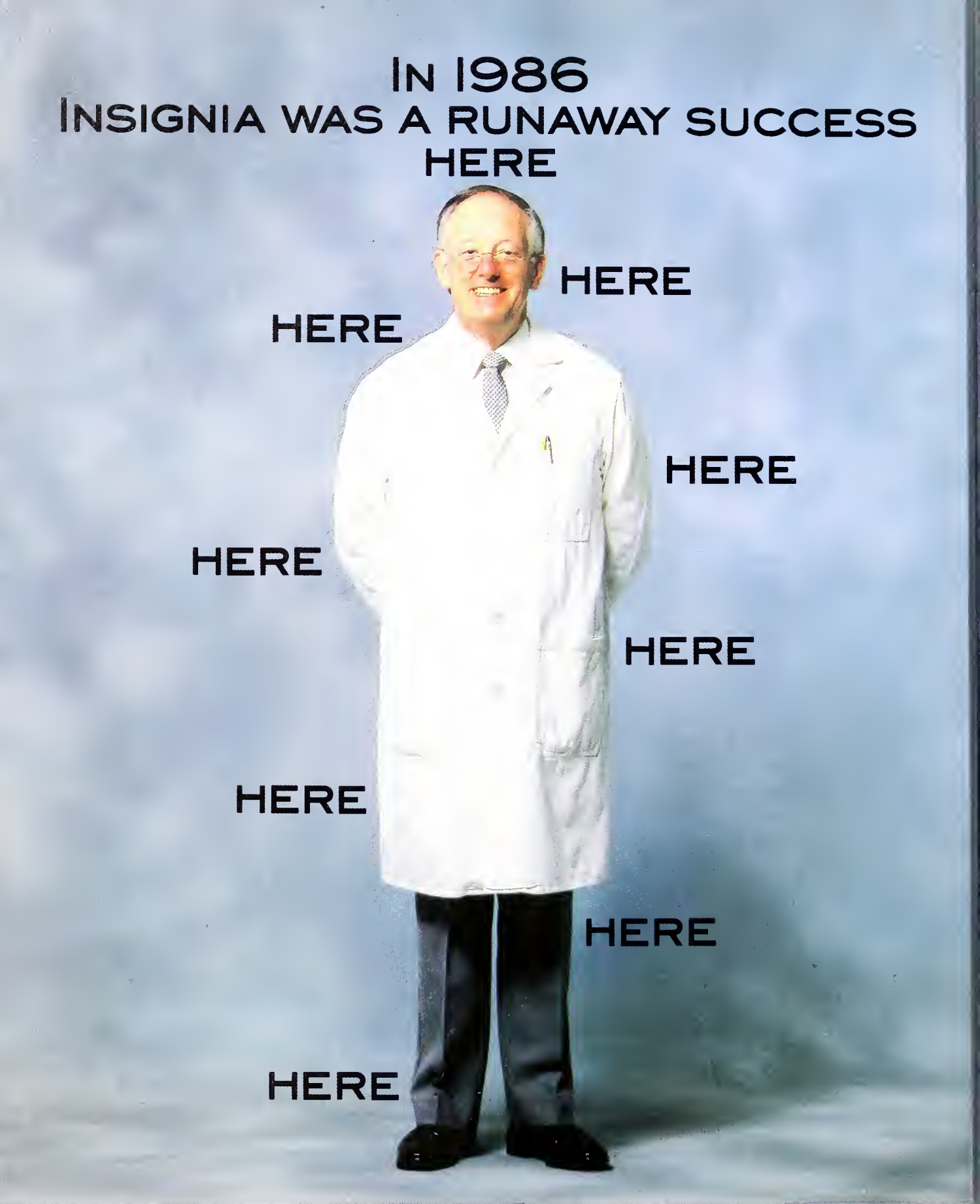

The Insignia all-over body programme.

When we launched 15 months ago, the toiletry market didn't know what had hit it. Static for years, the mass fragrance sector suddenly grew by 11%. More to the point, all that growth was directly due to Insignia. And because our range doesn't stop at aftershave, sales didn't stop at Christmas. We soon realised that our initial sales forecast had been cautious, to say the least.

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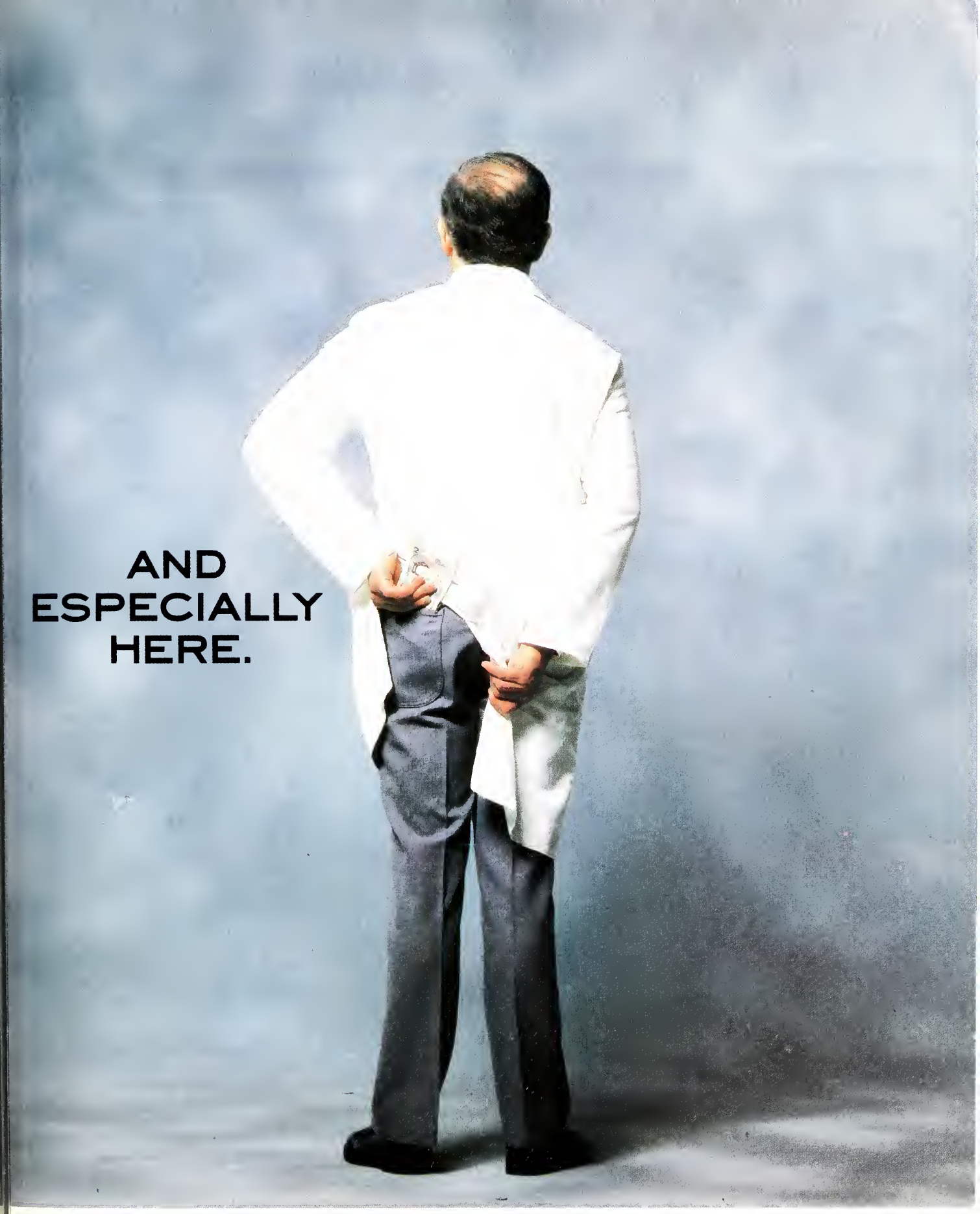

ANTICIPATED. NOT BAD FOR STARTERS. AND WE'RE FOLLOWING IT UP WITH A NATIONAL ADVERTISING CAMPAIGN THAT'S EVEN HEAVIER THAN LAST YEAR.

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SHULTON

THE LEADERS IN MALE TOILETRIES.

PERSONAL OPINION

...Council members live in an ivory tower, and take decisions in a vacuum'

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wrong, is seen only in the light of subsequent events. If the decision does turn out to be wrong a dissenting member cannot be distinguished from the rest, nor can he or she make his or her views public. This is why it sometimes appears that Councillors who have been elected on the strength of a strongly reformist manifesto have sunk without trace into the establishment, and perhaps let down those who voted for them.

No roads to freedom?

Many pharmacists are unaware of the constraints on the freedom of action of Council members imposed by the Society's Charter and by certain legal decisions. Because of this they may have unreal expectations of what Council members can do for them. Although the Supplemental Charter of 1953 required the Society to "maintain the honour and safeguard and promote the interests of members in the exercise of the profession of pharmacy", the Jenkin judgment of 1919 had already determined that it could not involve itself in matters affecting members' remuneration and conditions of service. In 1965 the Dickson case further restricted the Society when the High Court decided that it could not control the types of goods sold in pharmacies in order to raise professional standards, although this measure appeared to have the overwhelming support of the membership. In my view it was this decision that prevented British pharmacy from developing into the true profession that it has always aspired to be, and was a blow from which it has never recovered.

One of the powers left to the Council is to regulate standards of professional behaviour through the Society's Code of Ethics. It has the power to refer sufficiently serious breaches of professional conduct to the Statutory Committee, which can exercise the sanction of striking the pharmacist off the Register. But it is not so easy as it may seem for Council members to raise professional standards by rigorously enforcing the Code of Ethics because, in the final analysis, it carries only moral force, and a Statutory Committee striking-off order can be appealed against and overturned in the High Court.

Since the Dickson judgment the Society has seemed afraid to test its powers over new challenges to ethical standards (leapfrogging is one example), perhaps fearing that sanctions against offenders might again be challenged successfully in the courts on grounds of "restraint of trade", as Dickson did. Nevertheless, swift and resolute action by the Council in the early days of leapfrogging may well have stopped it. I believe there is now little prospect of the Society being able to increase its influence over the running of the profession, as the Charter would need to be amended,

requiring a change in the law. In this free market, anti-restrictive practice era, it is unlikely that the Society would be given greater powers to restrain the commercial activities of its members in order to raise professional standards.

Although Council members' powers and freedom of action may be much more restricted than is generally realised, the questions still remain to be answered as to whether they are representative of pharmacists as a whole, and whether their decisions reflect the thinking of the majority of the profession. They are certainly not "representative" if that term implies "average".

The demands of the office in terms of money and time preclude the majority of pharmacists, who in any case are not interested in serving. So Council members tend to be political activists from the higher echelons of the profession, who have come up mainly through the Society's branch and regional infrastructure. Their feedback about feelings within the profession comes not from the main body of (admittedly apathetic) pharmacists, with whom they have no contact, but from a minority who participate actively in the branches, and share a similar outlook. In addition, the serving Council member, in becoming unavoidably more and more involved with bureaucracy and officialdom, grows even further out of touch with grass-roots opinion.

My experience on the Council has tended to confirm the views that have been expressed to me by many pharmacists — that Council members live in an ivory tower, and take decisions in a vacuum.

...on referenda

Because of the kind of candidate who is able and willing to stand there is nothing to be gained by changing the method of election. Perhaps the best way to make decisions more democratic and representative would be to change the decision-making process itself. Issues that affect the livelihoods of 35,000 pharmacists are too important to leave to decide to twenty-one individuals, eminent and well-intentioned as they are. Those few decisions that are crucially important to the future of the whole profession (eg the new NHS contract and relaxation of supervision of dispensing and Pharmacy-only medicine sales) might best be taken by postal referenda of the entire membership.

The Council could continue to be responsible for day-to-day policy making, and advise the membership on how it thinks it should vote on major issues, but the actual decisions would be taken by everybody affected by them. Once pharmacists felt that they had a genuine say in their future I am sure that the present apathy would vanish and members would become eager participants in the affairs of their profession. At least, if the wrong decisions were made then, the blame could not be laid at the door of the Council.


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Millions of women have seen the First Response commercial in our pioneering £300,000 national TV campaign.

More than 4 million women buying Tampax have received First Response in-pack leaflets, offering an introductory £2.50 coupon.

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Our Freephone advisory service has been receiving hundreds of enquiries about First Response.

Available in both 6 day test and 3 day refill packs, First Response has already had outstanding results with confirmation of pregnancies from successful kit users.

First Response has opened up an expanding new market.
So don't miss out on this unique profit opportunity –

STOCK UP NOW!

FIRST RESPONSE

Predicts the day a woman is most able to become pregnant.

A MATTER OF TIMING

A reminder of the hormone changes taking place during the menstrual cycle and early pregnancy and how they form the basis for ovulation and pregnancy tests.

Colour change tests, now the most popular pregnancy tests for home use, detect hCG a few days after implantation

The "average" menstrual cycle is considered to be 28 days but many women have shorter or longer cycles and the cycles can vary from month to month in the same woman.

The normal range is 25-35 days, with ovulation occuring at any time between the sixth and 20th day of the cycle (counting the first day of menstruation as day one), but usually between days 12-15. The average menstrual flow is five days but anything between three and seven is considered normal.

The cycles may be irregular and anovulatory at the onset of menstruation in adolescence and approaching the menopause.

During the first half — follicular phase — of the cycle an ovarian follicle containing the egg enlarges and comes to the surface of the ovary. The 14 days or so after ovulation is the luteal phase during which the corpus luteum, formed from the ruptured follicle, is active.

The menstrual cycle is controlled by the two pituitary hormones — follicle stimulating hormone and luteinising hormone — together with oestrogens and progesterone secreted by the ovaries. At the beginning of the cycle, FSH stimulates a few sensitised follicles to mature and induces the ovary to secrete oestrogens (mainly oestradiol). This rising concentration of oestrogen exerts a negative feedback on the hypothalamus and pituitary, reducing the amount of FSH released.

Towards mid cycle, oestrogen concentrations reach a peak (about 37 hours before ovulation) then fall rapidly immediately before ovulation. These higher oestrogen levels exert a positive feedback causing a second peak of FSH and a much larger surge of LH which induces ovulation 12-36 hours later. Detecting this sudden peak of LH is the basis of ovulation tests.

A small number of women have an LH surge but, for medical reasons, may not ovulate or may have poor ovulation at certain times of the year.

At ovulation the follicle that has developed the most quickly releases the egg

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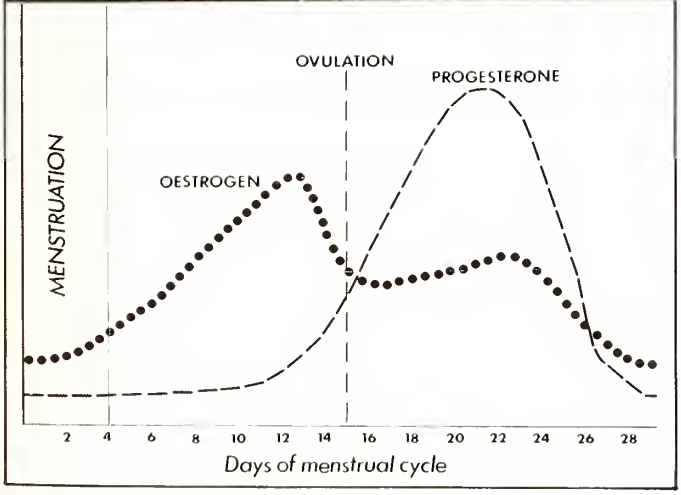
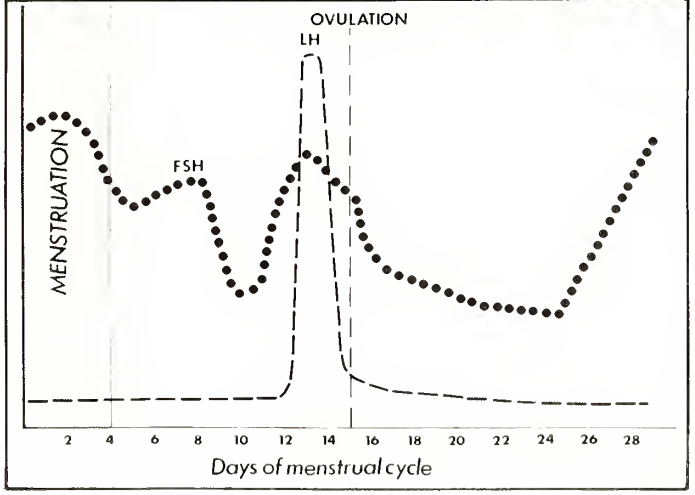
Production of ovarian hormones.



Production of pituitary hormones.



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and collapses. LH stimulates the ruptured follicle to form the corpus luteum which secretes progesterone.

In the early cycle, build up of the uterine endometrium is attributed mainly to oestrogens. After ovulation progesterone maintains the endometrium in a state of readiness to receive the fertilised egg.

Progesterone production is almost absent during the follicular phase, starts rising at about the time of the LH peak then rises more rapidly after ovulation. Oestradiol rises to a second maximum during the luteal phase and falls before menstruation.

The increase in progesterone leads to an increase in body temperature from which it is possible to estimate a woman's fertile period. The drawback of this method is it indicates ovulation has already occurred and the woman may miss part of the crucial 12-24 hours of fertility. Readings can be unreliable because other factors such as infection can affect body temperature.

If a fertilised egg is not implanted the corpus luteum degenerates, with a rapid reduction in progesterone secretion. This, together with the fall in oestrogen, causes the endometrium to break down and menstruation to occur.

Reduced levels of the ovarian hormones prompt the pituitary to secrete increased amounts of FSH and the cycle begins again.

If an egg is fertilised it moves down the fallopian tube and into the uterus where it implants in the thickened lining about six to eight days after conception and usually four to eight days before the period is due. The implanted embryo starts secreting human chorionic gonadotrophin which maintains the corpus luteum and its production of progesterone for several weeks until the developing placenta takes over hormone production.

Low levels of hCG can be detected in the urine within the first week of conception. At this stage and throughout early pregnancy, the amount of hCG rises rapidly, doubling every two to three days. The most sensitive home pregnancy tests detect hCG levels of 50iu per litre which can be reached soon after implantation. In theory it is possible for these tests to detect pregnancy in some women five days before the period is due but to be on the safe side manufacturers do not recommend that the tests are done until at least the day of the missed period.

hCG production peaks at 60-80 days after conception. Levels then decline and plateau for the remainder of the pregnancy.

hCG and LH are glycoproteins with similar structures. The earlier antibody pregnancy tests often reacted to LH, giving false positives, but the development of wholly specific monoclonal antibodies has led to the introduction of accurate tests for the two hormones.

An example of the type of POS material Unipath believe has contributed to the increased display and customer awareness of home pregnancy tests

A Year For New Arrivals

So far, 1987 has been the year of the pregnancy test — with the launch of three new OTC products in the first three weeks.

These products — Evatest Blue 5, Evatest Rapid and New Predictor (*C&D* January 17, p80,84) — are expected to give a further boost to the £4-5 million home pregnancy test market which has grown dramatically over the past 18 months.

New technology and the advent of monoclonal antibodies has expanded the diagnostics market as a whole, attracting more manufacturers into pregnancy testing and resulting in widespread product improvements.

Sales of home pregnancy tests had been fairly static until the introduction of the first colour test, Predictor Colour, followed by Clearblue in June 1985. Unipath say the market grew by 48 per cent in the year after the Clearblue launch and figures from Chefaro indicate over 25 per cent growth in 1986 with a likely increase of at least 15 per cent this year.

Apart from the speed, convenience and privacy of home tests, several factors have contributed to their growth, say manufacturers — the increased advertising which backed the introduction of colour tests, a 10 per cent increase in the number of women of childbearing age, pressure on NHS resources leading to restrictions in pregnancy-testing services, and the provision of POS material which has encouraged pharmacists to display these products more prominently.

Other influences have been the attitude of women themselves. There has been an increase in the numbers of women at work who require early diagnosis of pregnancy to plan their futures. Many working women are leaving childbearing until later in life when they may need to do more pregnancy tests — the average age of women starting their families has crept to about 26-27 and about 30 per cent of all births are to women over 30. Finally, women are becoming more aware of the importance of early diagnosis so they can take the right antenatal care, such as improving the diet and stopping smoking.

It is predicted that 600,000-700,000 home pregnancy tests will be done this year, but manufacturers believe there is still a large potential for growth. These sales are less than the total number of live births (about 800,000 a year) and usage in the UK, at less than 35 units per 1,000 women, lags behind other European countries such as Italy, where 80 units per 1,000 women are sold or Holland, with sales of 75 per 1,000 women.

The main users of home tests are still perceived to be single women who don't want to be pregnant, but a Unipath survey of over 1,000 women has shown a bias towards married women, particularly younger ones who have not experienced pregnancy before. When asked where they would go for a pregnancy test, most women mentioned the doctor rather than the pharmacist but

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The long wait is over...

...Evatest Blue 5 the end of the pregnant pause

For a long time now women have been forced to wait – 2 hours – 1 hour – 30 minutes (according to technical developments) to know the answer to that all important question – Am I pregnant?

Now the answer is just **five minutes** away with Evatest Blue 5, a new, accurate, reliable and easy to use five minute pregnancy test.

For your free trial pack of Evatest Blue 5 in its own individual point of sale dispenser, simply complete and return the Freepost coupon. Evatest Blue 5 's R.S.P. is £6.60 (with our compliments). Future supplies of this brand new product offer a very attractive P.O.R. deal for you; and for your pregnancy test customers, the end of a long wait.

Complete this coupon and send it to (No stamp required):– TGL, **FREEPOST** WREXHAM, CLWYD, LL13 9BR.

Please send me a free sample pack of Evatest Blue 5 in its own P.O.S. display. (This offer is limited to one pack per pharmacy).

Name _____

Address _____

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Postcode _____

Phone No. _____

continued from p210

about one quarter said they were likely to buy a home test — a further indication that the market is far from saturated.

The main trend in the market has been the move towards colour change kits, which now account for over 50 per cent of sales and are expected to grow in the future. Clearblue, for example, became brand leader three months after its launch in June 1985 and is now claimed to sell twice as much as its nearest competitor.

While some manufacturers predict the eventual demise of the ring tests, Carter Wallace are maintaining Discover 2 because they feel there is a place for both types of test, particularly as Discover 2 was upgraded last year to use monoclonal antibody technology. However, the company's main promotional effort will be behind Discover Colour.

Pharmacies are likely to continue to dominate the market. Unipath believe pregnancy tests should be sold only through these outlets because of the advice users might need. On the other hand, Carter Wallace acknowledge that some drug stores have always stocked pregnancy tests and there is nothing that can be done to stop them, although the company would never support price-cutting.

In spite of the ease with which tests can be done at home, many women prefer the reassurance of a professional service and it is estimated that pharmacies carry out 400,000-500,000 tests a year. The pharmacy pregnancy test market has been fairly static in the same way that home testing was until recently, but Unipath believe the introduction of more sensitive, easy-to-use tests will expand the market.

Britpharm think that increased awareness of the Press towards community pharmacy is also encouraging women to turn to in-pharmacy tests.

An average price for a pharmacy test is about £5 with a range of £4-£8 depending on the area, say Unipath.

Medimar Laboratories advise that pharmacists who sell several home pregnancy tests of high sensitivity should be using highly sensitive tests if they offer an in-pharmacy service.

Sometimes women obtain a positive result with an OTC test measuring 50iu hCG/l but when they ask the pharmacist to check with a professional test the result is negative. This may be because the pregnancy is at an early stage and the urine levels of hCG are not high enough to be detected by the less sensitive tests.

Spreading the word

Unipath are continuing to advertise Clearblue in major women's magazines this year with a similar spend — £250,000 — to last year. There will be editorial coverage in consumer magazines backed by trade promotions encouraging pharmacists to display the product. A shelf organiser is designed to display a number of pregnancy tests.

Unipath also run a training scheme for pharmacy assistants, with talks on pregnancy and its diagnosis. The session lasts about 1½ hours and can be organised through Unipath representatives or the Clearblue advice line (0234-50408). Meetings for pharmacists can also be arranged.

The advice line took several queries from women wanting information on preconceptual or early antenatal care, which led to the company producing a leaflet, "Healthy and happy pregnancies begin here", available free from pharmacies. A poster gives similar advice on preparing for pregnancy.

The launch of Discover Colour last Autumn was backed by a £250,000 advertising campaign which runs until the end of this month in leading women's magazines. There are plans to extend the campaign throughout the year.

There is a counter display unit holding six packs, a counter card with leaflets providing full information on the product, a door sticker for pharmacists and a free booklet called "Discovery", a practical guide to early pregnancy written by Wendy Rose-Neil, editor, *Parents* magazine. Trade bonuses are available for both Discover Colour and Discover 2. Carter-Wallace also run a professional advice service.

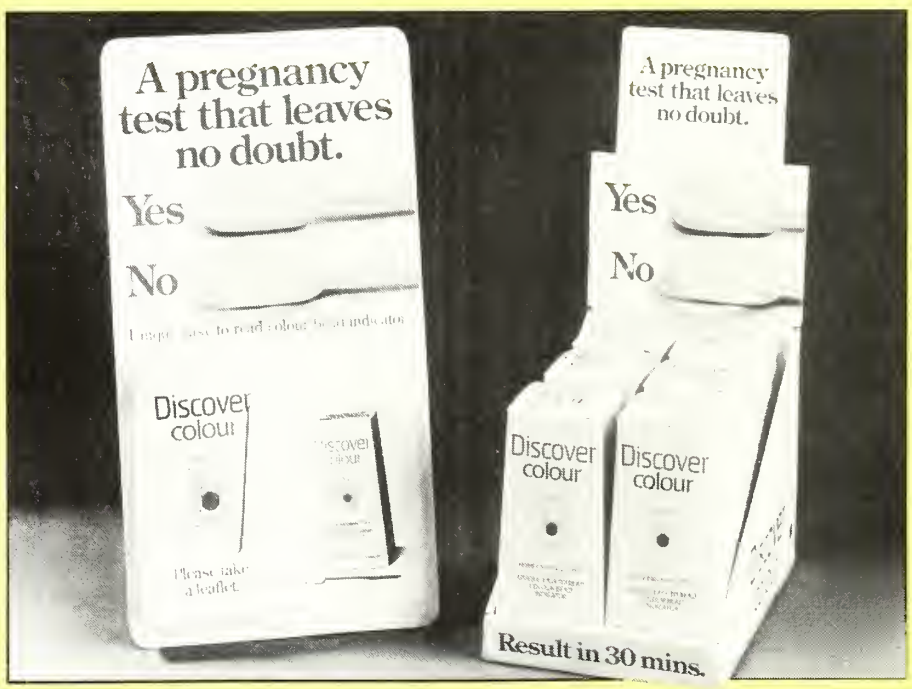
Chefaro are supporting the launch of New Predictor with a record £300,000 advertising and promotional campaign. The advertising breaks next month in women's magazines and runs throughout 1987, with London tube cards appearing in April and May. A drop-feed counter dispenser has been developed following research which showed that the rate of sale in pharmacies more than doubled when self-selection was possible. There are shelf edgers and fact boards for chemist assistants.

The company says the new product is a logical development from Predictor Colour, which will still be marketed because it has a strong consumer franchise. An advice service is available for all Chefaro's diagnostics.

Thames Genelink, who claims that their five-minute Evatest Blue 5 heralds "the end of the pregnant pause", are supporting their products with bonus offers and POS including door stickers, shelf talkers and counter units. Product advice is available on the Evatest helpline 0483-505546.

Abbott Laboratories, makers of Test pack hCG-urine, are running a public relations campaign in women's magazines aimed at encouraging women to have their pregnancy tests professionally done at a pharmacy.

Organon are hoping to introduce a pregnancy test, Pregcolor, this year. It is currently marketed in Europe by their international company.



Launched last Autumn, Discover Colour is supported in women's magazines and at point of sale

Now other pregnancy tests are turning green.

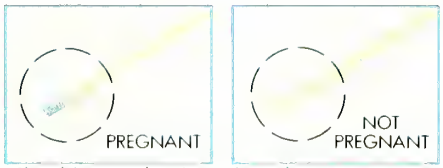
In the year since Clearblue was launched, more and more women have come to appreciate its advantages: Accuracy. Speed of result. And above all, simplicity and ease of use.

A few months after launch it was brand leader – an enviable record in itself.

But now Clearblue accounts for well over 40% of all home pregnancy tests sold in this country. That's twice as many as its nearest competitor.

Not only that, awareness and confidence in home tests has grown so much that, in cash terms, there are now nearly 70% more tests sold overall.

So shouldn't you make sure you're stocking the pregnancy test that women clearly prefer?

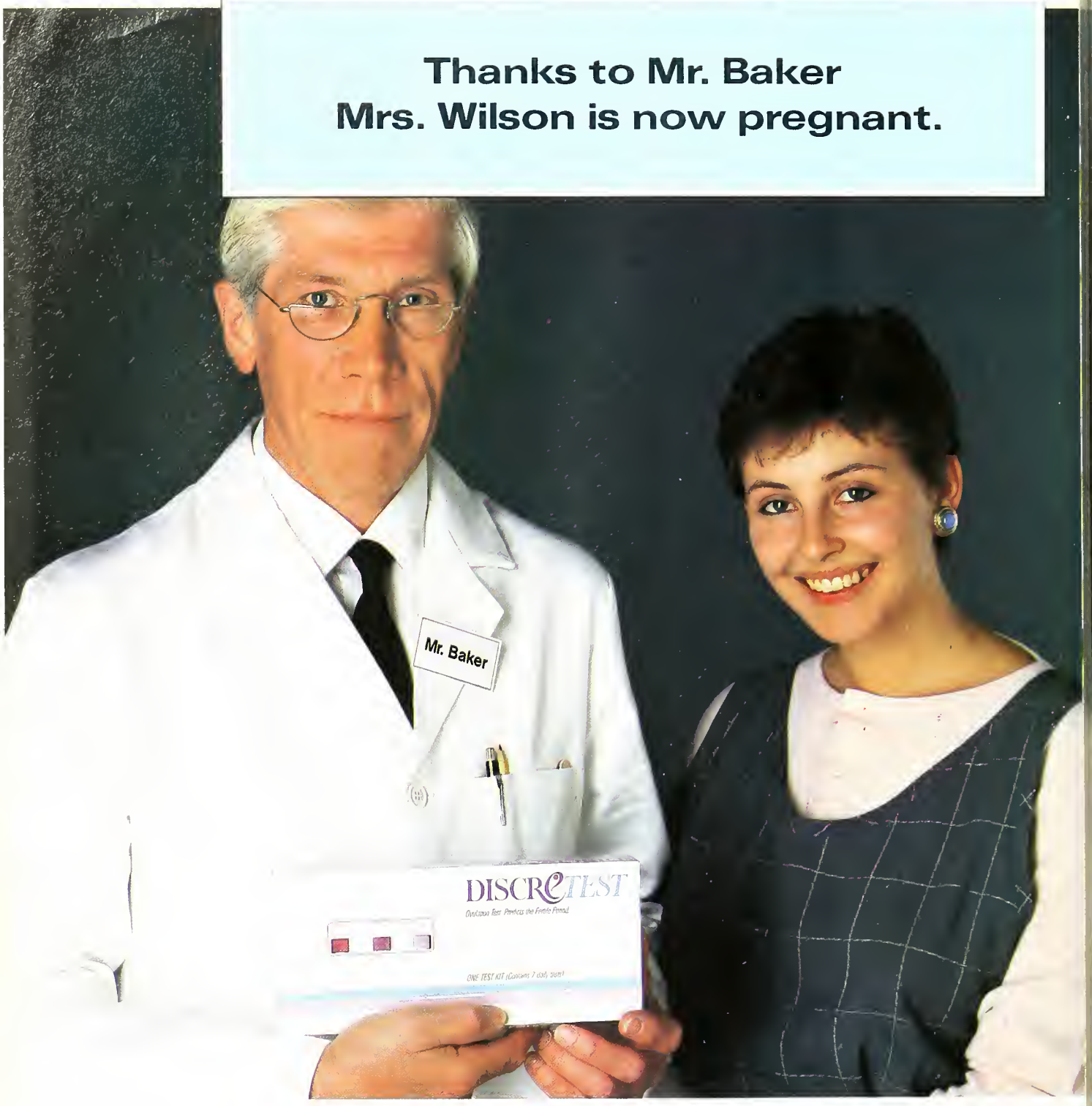


Clearblue. It's decisive colour change gives an answer women can rely on.

Clearblue. Britain's best selling pregnancy test.

For further information contact Unipath Customer Services (0234) 50408. Unipath Ltd., Norse Road, Bedford MK41 0QG.

Thanks to Mr. Baker
Mrs. Wilson is now pregnant.



Chefaro proudly announce the birth of a new product.

We've named it Discretest: the first of a new generation of Ovulation Tests.

Discretest, quite simply, eases the path to conceiving by telling women when they're at their peak of fertility.

Which, in many cases, could save months of fruitless trying.

Naturally, we expect our new arrival to grow healthily.

We estimate that as many as 1 million women a year will be interested in a product like Discretest.

To make sure they know about it, we're spending half a million pounds on advertising and promotion.

All of which bodes healthy profits for the pharmacist with Discretest on his shelves.

If you'd like more information, telephone us on 0223 312956.

You can be sure that a lot of women will be seeking your advice about Discretest.

And soon after, a good few of them will be hearing the patter of tiny feet.

Thanks, in no small degree, to their local chemist.

DISCRETEST

·CHEFARO DIAGNOSTIC CARE·

PREGNANCY TESTS FOR HOME OR IN-PHARMACY USE

Product	Manufacturer	Use in pharmacy or home	Form	*Scientific principles	hCG level (iu/l)	Used from	Steps	Time (mins)	Positive result	Accuracy	Cost	Other details
Beta Clone latex	Medimar (distributors)	Pharmacy	Slide	MA/DA	500	About 20 days after conception	4	3	Clear (no agglutination)	95%	50, £34 trade	
Beta-Quix V	Alpha	Pharmacy	Tube	MA/EIA	250	Few days after missed period	4	15-30	Blue colour	—	100, £71.50 trade	Contains controls
Clearblue	Unipath	Home	Urine sampler	MA/EIA	50	Day period due	3 plus washes	30	Blue colour	Over 99%	£6.75 rsp	Double test
Also as professional pack 20, £26.08 trade												
Confirm	Chefaro	Home	Tube	MA/DA	125	Three days after missed period	1	90	No ring	99%	£6.35 rsp	Double test
Directaclone-CG	Alpha	Pharmacy	Slide	MA/DA	300	Few days after missed period	1	2-3	Granular latex agglutination	98-6%	30, £28.80; 100, £79.60 trade	Contains positive and negative controls
Discover Colour	Carter-Wallace	Home	Stick	MA/EIA	50	Day period due	5	30	Lower bead greeny blue	Over 99%	£6.50 rsp	Control bead for colour comparison
Discover 2	Carter-Wallace	Home	Tube	MA/AI	75	First day of missed period	4	60	Ring	99%	£6.35 rsp	Double test
Evatest Blue 5	TGL	Home	Stick	MA/EIA	50	Day period due	4	5	Blue colour	Over 99%	£6.60 rsp	
Evatest Rapid	TGL	Home	Tube	MA/AI	150	Day period due	2	30	Ring	Over 99%	£6.20 rsp	Double test
Gravindex beta hCG	Ortho	Pharmacy	Slide	MA/AI	800	30-35 days from day 1 last period	2	2	No agglutination	Over 99.8%	75, £24.70 trade; 25, £18.40	
Neo-Planotest Duoclon	Organon Teknika	Pharmacy	Slide	MA/DA	500iu	Four days after missed period	1	2	Agglutination	Over 99%	30, £33; 100, £63	
New Predictor	Chefaro	Home	Stick	MA/SPIA	50	Day after missed period	3	30	Pink colour	99%	£7.35 rsp	
Pregna-Cert	Merlin	Pharmacy	Slide	AI	200	5 days after missed period	2	2	No agglutination	99%	50, £39.99 trade	Contains positive and negative controls
Predictor Colour	Chefaro	Home	Tube	MA/SPIA	150	Three days after missed period	3	30	Pink liquid goes clear	99%	£6.75 rsp	
Pregnospia duoclon	Organon Teknika	Pharmacy	Tube	MA/SPIA	200	Three days after missed period	1	30	Blue to clear grey	Over 99%	30, £41.50 trade	
Pregnosticon Planotest	Organon Teknika	Pharmacy	Slide	AI	2,500	12 days after missed period	2	2	No agglutination	98%	20, £24; 100, £58; 500, £115	
RAMP hCG	Medimar (distributors)	Pharmacy	Rapid absorbent matrix pad	MA/EIA	50	10 days after conception	4	3-4	Blue dot	Over 99%	50, £60 trade	
Roche pregnancy slide test	Roche	Pharmacy	Slide	AI	2,000 ±500	12 days after missed period	3	2	No agglutination at 2 min	99%	50, £35 trade	Controls available separately
Tandem Icon	Britpharm (distributors)	Pharmacy	Cylinder with permeable membrane	MA/EIA	40	Day period due	4	3	Blue dot	Over 99%	£1.50 each (from 24); £1.35 each (from 48) trade	
Test pack hCG urine	Abbott	Pharmacy	Disc	MA/EIA	50	Day period missed		4	Blue cross	Over 99%	20, £38 trade	Built-in filter
UCG	Carter-Wallace	Pharmacy	Slide	AI	200	5-12 days after missed period	4	2	No agglutination	97%	30, £25 trade	

*AI = Agglutination inhibition DA = Direct agglutination EIA = Enzyme immunoassay MA = Monoclonal antibody SPIA = Sol particle immunoassay.

Addresses

Abbott Laboratories Ltd, Queenborough, Kent ME1 5EL
Alpha Laboratories, 40 Parham Drive, Eastleigh, Hants SO5 4NU
Britpharm Laboratories Ltd, Progress House, Albert Road, Aldershot, Hants GU11 1 BR (Distributors for Hybritech)
Carter-Wallace Ltd, Wear Bay Road, Folkestone, Kent
Chefaro Proprietaries Ltd, Science Park, Milton Road, Cambridge CB4 4BH
Medimar Laboratories, Sarum House, 17 The Queensway, Chalfont St Peter, Bucks SL9 8NB (Distributors for Monoclonal)
Merlin Pharmaceuticals Ltd, 11 Picardy Street, Belvedere, Kent DA17 5QQ
Monoclonal Antibodies, 28 Crown Road, Wheatley, Oxon OX9 1NB
Organon Teknika Ltd, Science Park, Milton Road, Cambridge CB4 4FL
Ortho Diagnostic Systems, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF
Roche Products Ltd, PO Box 8, Broadwater Road, Welwyn Garden City, Herts
TGL (Thames Genelink Ltd), The Old Blue School, Lower Square, Isleworth, Middlesex TW7 6RL
Unipath Ltd, Norse Road, Bedford MK41 0QG

Birth of another market

Activity in the ovulation predictor test market is matching that in pregnancy tests, with new products joining Discretest and First Response.

Tambrands are assessing the effect of the television commercial for First Response, the first ovulation predictor test to be advertised in this way.

Marketing director Ian Jenkins believes the short campaign in December was successful but the company is reviewing the effect over the next three months before deciding whether to repeat it. Television was chosen to give rapid awareness of a totally new product category while the Press campaign, which continues until the end of the year, sims to give more detailed information. The brand is supported by a promotional spend of over £1 million in its first year.

The Independent Broadcasting Authority received no complaints about the television advertisement on grounds of taste, but half a dozen viewers queried the suggestion that women could conceive on only one day a month, which the IBA's medical advisory panel recommended should be changed to two-three days a month.

Sales in the UK have mirrored closely those in the US where the product was launched over a year ago, and by the beginning of January were "well above expectations". The company was "inundated" with calls to the free linkline advisory service, mainly from consumers but also from GPs and pharmacists.

A professional programme is currently in progrees. A mailshot was recently sent to GPs and a team of 15 nurses gives talks to medical and pharmacy personnel about infertility. An education video designed for health professionals (£3.99) explains the physical and emotional problems encountered by couples suffering from subfertility.

A similar video for consumers includes interviews with infertility specialists and couples who discuss the difficulties they experienced when trying to conceive.

POS includes leaflet dispensers and window stickers, and a detailed booklet on "Fertility and infertility" is available free. *Tambrands Ltd, Dunsbury Way, Havant, Hants PO9 5DG.*

FOR USE UNDER DOCTOR'S GUIDANCE

The recently introduced Ovustick self test ovulation predictor kits are extensions of the Ovustick 100 kit used by many infertility clinics and private gynaecologists.

While Ovustick is simple to use and cheaper than in 1986, distributors Medimar regard the product as a professional testing system for use primarily in clinics and under a doctor's supervision. They are making the self test kits available through pharmacies because of increased awareness of the system, but will not advertise them to consumers. The tests are manufactured by Monoclonal Antibodies Inc.

The Ovustick self test 6 and 9 can detect the LH surge some 24-36 hours before ovulation, compared with the less sensitive tests which give only 12-24 hours warning. But they still cannot be used as a natural contraception system because of the sperm lifespan. The dipstick gives a permanent record of the colour change and each kit has a surge guide which acts as a colour control.

The difference between the 6 and 9 kits relates to the woman's ability to judge her peak fertile day accurately. The 9 test (£40.50) is used mainly for women on *in vitro* fertilisation, artificial insemination or natural conception programmes who have irregular cycles. The 6 test (£27) is intended for women who have a better indication of their date of ovulation. The test kits are available from clinics and direct from Medimar at slightly less cost. *Medimar Laboratories, Sarum House, 17 The Queensway, Chalfont St Peter, Bucks SL9 8NB.*

☐ Medimar have recently set up trials in the UK on a test which detects pregnanediol in the urine of ovulating women. The RAMP Progesturine detects this urinary metabolite of progesterone, in less than five minutes and helps the clinician to let the patient know quickly if ovulation has occurred or if chemotherapy is working.

UNIPATH PLANS

Unipath are developing an ovulation test which they hope will have the same impact on the market as Clearblue had on the pregnancy test market. The company believes the market for ovulation detectors is potentially much bigger than that for pregnancy tests.

NO RISK OF AIDS FROM TESTING

AIDS experts have said that pharmacists carrying out pregnancy tests should not be at risk from the disease. Although the AIDS virus has been cultivated from urine there is no evidence that the infection has been spread in this way. Protective gloves or plasters to cover open wounds have been recommended as an additional precaution.

TWO TESTS A DAY

The recently launched Organon LH Color (*C&D*, January 31, p157) uses two tests per day to minimise the risk of missing the LH peak. Organon say that to ensure highest probability of catching the LH surge, professional guidance is needed for beginning the seven-day test series. This should take account of the average length of previous menstrual cycles.

Large retrospective studies indicate that 90 per cent of conceptions take place within a five-day period which spans the LH peak by +3 or −2 days. Professional advice which takes note of long or short cycles, and a twice daily detection test can be crucial to predicting ovulation with certainty, the company says. For this reason, Organon regard the test as being suitable for use at home, but with a doctor's guidance.

The accuracy of Organon LH Color has been confirmed by testing more than 3,000 urine samples; results were 99.6 per cent correct to positive urine (greater than 50 iu LH/litre) and 99 per cent correct to negative urine. In practice, however, because of biological factors such as irregular cycles, short LH surges of less than 12 hours, and peak LH concentrations of less than 50 iu, accuracy of detection can be reduced.

Organon LH Color is based on the solparticle immunoassay (SPIA). Gold particles are coated with monoclonal antibodies to LH, which, when exposed to the hormone, disperse and agglutinate in a sandwich-type reaction. The original reddish-purple colour of the test material fades to a greyish-blue. In the absence of LH, the original colour remains unchanged.

Each Organon LH Color kit (£44.95) provides 14 tests. A colour reference chart is provided, together with patient notes and doctor notes giving guidance on when to start the tests. *Organon Laboratories Ltd, Cambridge Science Park, Milton Road, Cambridge CB4 4FL.*

WHICH OVULATION TEST?

Today's women increasingly ask their Pharmacist for professional advice on fertility testing. When asked, can YOU recommend to them a simple once a day dipstick self test which . . .

. . . has been available in the UK since 1984

Many leading NHS and private clinics have been using this dipstick in natural and artificial fertilisation programmes

. . . offers a permanent record of results

of value in charting monthly fertility times and for consultation with medical adviser

. . . has kits for normal and irregular cycles

one kit for normal cycles and another for irregular or long cycles for women following a recent birth or cessation of a contraceptive programme

. . . gives 24 – 36 hours warning of likely ovulation time

the extra hours can be most helpful to couples planning conception

. . . has a colour surge guide control

unique to each kit and allows the user to clearly identify her LH surge

. . . has excellent correlation with well established tests

thoroughly tested in parallel and against basal body temperature, cervical mucous, serum and urine radioimmunoassay, serum progesterone and ultrasound tests

. . . and is very easy to use at home?

Yes you can

With confidence you can recommend

OvuSTICK™

SELF TEST

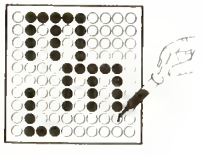
Urine hLH Dipstick Assay

Now available to pharmacists for OTC sales in two packs at new, reduced 1987 prices:

For women with normal cycles
OvuSTICK™ Self Test 6 day kit RRSP £27.00
(Pharmacist cost £15.65 + P & P + VAT)

For women with irregular or long cycles
OvuSTICK™ Self Test 9 day kit RRSP £40.50
(Pharmacist cost £23.50 + P & P + VAT)

For full information contact



MediMar Laboratories
A Division of MediMarketing Ltd
Sarum House 17 The Queensway, Chalfont St Peter, Bucks SL9 8NB Tel: 0753 884502

Sole distributors for MAb® Monoclonal Antibodies, Inc.

CNS 3: Depression — sadness beyond the norm

In the third article of this series, Russell J. Greene, of the Chelsea Department of Pharmacy, King's College, London, continues our survey of psychiatric disorders with depression, another common condition met in general practice.

We all experience a depressed mood from time to time. Feelings of sadness are considered an appropriate response to a recent loss or disappointment. They are expected to remit spontaneously sooner or later, depending on the personality of the sufferer and the cultural norms of his society.

We must differentiate between this and a disease state. One criterion is, like anxiety, whether it is socially incapacitating. Another is whether society regards the apparent causes as meriting a period of depressed mood. The death of a close relative is a good example: almost all cultures recognise a mourning period, although this varies greatly. In the UK, perhaps six months to a year is regarded as average for a spouse. Much less seems callous; but to dwell on it for much longer, staying pessimistic and tearful, would be regarded abnormal. Alternatively, someone who is depressed but whose life gave no apparent evidence of substantial adverse events, would also be regarded as suffering from a morbid depression.

This implies two main groups of depression. In one there is an exaggerated response to events which might be expected to depress anyone to a certain extent, but with which the patient is unable to cope: this *reactive depression* (RD; reaction to external circumstances) is *neurotic* in character.

The second type, *endogenous depression* (ED), seems to arise from within the patient, and is unrelated to external events, suggesting an unsure grasp of reality and lack of insight, which are *psychotic* features; see table 1. Disorders of mood (depressive or otherwise) are termed *affective disorders*.

Clinical features

The principal features are summarised in table 2. Unfortunately, patients rarely fall neatly into one or other group. A patient may show some psychotic features but be predominantly neurotic, or may seem largely psychotic (eg with delusions) but have an obvious recent loss as a likely trigger. Although many features are common to both types, a differential diagnosis can be based on a number of distinct symptoms.

The cardinal feature is a depressed mood (sadness, dejection, pessimism). However, neurotic depressives do react to the minor joys and disappointments of life to some extent, whereas endogenous depressives tend to have a fixed daily variation in mood — dreadful in the morning and improving slightly by evening. In endogenous depression, feelings of guilt, self-reproach and worthlessness are common, whereas neurotics merely feel sorry for themselves.

Psychosomatic problems are common: often these are gastrointestinal symptoms such as constipation or dyspepsia. In reactive depression, as in anxiety, there is difficulty getting off to sleep, whereas the diurnal variation in endogenous depression produces the worst symptoms early in the morning, causing early waking.

In more severe depression there is a marked loss of drive, vitality, ambition and zest for life, more pronounced in ED. Since marital problems can follow the reduced libido, and impaired performance at work the loss of drive, the patient's low self-esteem is reinforced.

In severe RD the neurotic patient may be driven to an impulsive suicide attempt (parasuicide), but this rarely involves such commitment as jumping in front of a train or out of a high building: usually it means a couple of dozen tablets or perhaps some clumsy wrist slashing. However, when ED patients decide to commit suicide they are usually very determined: only ignorance or bad luck will cause the attempt to fail. They will take 200 tablets not 20 (ironically, often tricyclic antidepressants, whose toxic effects are so difficult to manage). They will plan the suicide carefully and, though ostensibly keeping it secret, may give covert hints of their intention.

In very severe ED, psychotic features may become evident. The general feeling of worthlessness becomes a fixed, unrealistic false belief which no appeals to reason can shift, ie a delusion. Patients believe themselves to be guilty, "bad people", responsible for destroying their family and letting down their workmates. This may be reinforced by hallucinations in which they may hear voices chastising them as evil and corrupt. Their perpetual misery makes suicide an appealing option.

Aetiological theories

Biochemical theories of depression fall into two classes, *amine imbalance* and *electrolyte imbalance*. The former traditionally postulates a deficiency of catecholamines, chiefly noradrenaline (NA), mainly in the limbic system. This is partly supported by the action of tricyclic antidepressants, which block amine re-uptake and so increase local levels.

The second theory postulates abnormal fluid distribution between various body compartments. A current version proposes a defective membrane sodium pump as the cause of this, which perhaps correlates with the action of lithium salts in affective disorders.

However, some authorities regard depression as a learned, inappropriate

Table 1 — Comparison of reactive and endogenous depression

Feature	Reactive	Endogenous
Psychiatric class	"neurotic"	"psychotic"
Psychotic features	absent	delusions; rarely, hallucinations
Self-image	self-pity	self-reproach
Cause/trigger	response to loss or disappointment	no obvious cause
Onset	acute	insidious
Family history	possible	probable
Mood variation	labile; sensitive to minor ups and downs	regular diurnal variation
Sleep disturbance	increased latency	early waking
Suicide risk	parasuicide	genuine risk
Sex variation	twice as common in females	about equal
Psychomotor disturbance	agitation	agitation and/or retardation

Table 2 — Clinical features of depression

Common features	*Reactive features*	*Endogenous features*
Mild depression		
Depressed mood..	■ labile	■ diurnal variation
Pessimism, sadness, dejection..	■ self pity	■ self reproach
Severe depression		
Drive/vitality reduced Apathy Social withdrawal Loss of interest/pleasure Libido reduced	Parasuicide	
Very severe (psychotic)		
		Delusions Hallucinations Retardation Suicide
Additional features (may be present)		
Anxiety, agitation Phobias, obsessions Psychosomatic illness Sleep problems.. Appetite disturbances	■ difficulty getting to sleep	■ early waking

Key: ■ *Different manifestations of common feature in reactive or endogenous depression.*

behavioural response to difficult circumstances, with biochemical changes being only secondary.

Course of the illness

Depressive illness is naturally self-limiting, although prone to recurrence. The endogenous kind develops over the course of months, and episodes may last for months or even years. These may alternate with periods of normal mood, *(unipolar affective disorder).* More rarely there may be intervening periods of mania (abnormally elevated mood) resulting in *bipolar affective* or *manic-depressive disorder.* Reactive depression is usually acute in onset and may remit almost as abruptly, sometimes after only a matter of days.

Management strategy

The aims of managing depression are, in order of importance:

- ☐ to prevent suicide (in severe cases)
- ☐ to identify any possible organic causes, such as chronic illness
- ☐ to select the most appropriate acute symptomatic therapy
- ☐ to investigate any adverse social, domestic or financial circumstances
- ☐ to initiate long term, potentially radical therapy

The three main treatments used are psychotherapy, drugs and electroconvulsive therapy (ECT). The criteria for choice are:

- ☐ speed of onset of action
- ☐ cost
- ☐ relative effectiveness in different types of depression
- ☐ presence of severe psychotic features
- ☐ potential harmfulness of treatment

Psychotherapy is the treatment of choice for reactive depression, and is also important for endogenous depression. Although long and costly it does hold out hope of a genuine recovery. At its simplest it is no more than counselling and support. It is important to reassure the patient that he is eventually going to get better. The team approach involves a clinical psychologist and a social worker. In endogenous depression one of the main aims of the therapist is to restore the patient's self-esteem. In both types it is important to advise the patient against taking important decisions while depressed, although decision-making is hard for depressives anyway.

ECT is without doubt rapidly effective in severe suicidal depression, and its proven harmful effects are few. It consists of passing a brief electrical pulse through the brain. The patient receives a short-acting intravenous anaesthetic and a muscle relaxant to prevent a physical seizure. A course of ECT consists of eight to 12 treatments, given about 3 times weekly. The procedure seems to produce a more rapid elevation of mood in the severely depressed, minimising the risk of suicide at the most vulnerable phase of depression and enabling the patient to start psychotherapy.

Common adverse mental effects include, not surprisingly, headache and confusion, and some loss of recent memory, which may be beneficial since subsequent ECT procedures will not cause undue anxiety. Controversy still surrounds the possibility of long term brain damage, but keeping courses to a maximum of 12 is a precaution. On the other hand, ECT has none of the adverse effects or contraindications of drugs. It can be used safely in pregnant women and the elderly, and there is no long term toxicity or suicide risk. However, ECT has no place in the treatment of reactive depression.

Drug therapy

Antidepressant medication (table 3) may not be needed in mild reactive depression — sometimes simple psychotherapy, supplemented perhaps by a short course of benzodiazepine anxiolytics, is all that is needed. **Monoamine oxidase inhibitors (MAOIs)** may be better than **tricyclics (TCs),** especially if there are features like anxiety or phobia. However, toxicity limits their use, and TCs are commonly first choice. Treatment should be stopped as the patient recovers and maintenance therapy is not indicated.

In endogenous depression, the TCs (including the newer drugs of different structure but similar action) seem to be the most effective. Maintenance therapy may be advisable if the disorder has a cyclic pattern, especially if there are phases of mania, and **lithium** is then the drug of choice. Lithium is about as effective as TCs in unipolar depression but the need for serum-level monitoring limits its use. **Tryptophan** has not lived up to its promise.

Tricyclics. The newer drugs such as the tetracyclic **mianserin** share many features with the traditional agents such as **amitriptyline.** They are no more potent but generally less toxic; see table 4. Two important properties govern antidepressant choice. Toxicity determines contra-indications and the predominant nonspecific CNS effect — depressant or stimulant — determines indications.

The adverse effects of tricyclics tend to be mild anticholinergic actions such as dry mouth, constipation, etc, and drowsiness with some, which may remit on continued use. One potential problem is the activation of mania in patients susceptible to bipolar mood swings. Patients must also be encouraged to persist with medication since the drugs take several weeks before any benefit is noticed.

Toxicity is important because they are often involved in suicide attempts. There is no specific antidote and all complications must be managed symptomatically. These include cardiac conduction defects and vagal inhibition, causing arrhythmias and heart block; and CNS effects, mainly

continued on p220

Table 3 — Comparison of main antidepressant drugs

	Tricyclics		MAO inhibitors
General CNS effect	Sedative	Stimulant	Stimulant
Examples	Amitriptyline	Protriptyline	Phenelzine
	Trimipramine	Nortriptyline	Tranylcypromine
Indications	Endogenous (and reactive)		Reactive? "atypical"
Adverse reactions	Drowsiness	CNS stimulation	CNS stimulation
	Anticholinergic		Anticholingergic
	Postural hypotension		Postural hypotension
	Activation of mania		Activation of mania
			Other autonomic disturbances
Toxicity/Overdose	Arrhythmias		Hypertension
	Seizures		"Cheese reaction"
Interactions	MAOIs?		Sympathomimetic amines
	Anticholinergics		Tyramine foods
			CNS depressants
			Narcotics
Dosage	Once or twice daily		Two or three times daily

continued from p219

epileptiform seizures and confusion. There may also be profound hypotension.

The principal advantage of the newer agents is a reduced incidence of these complications, as well as less troublesome anticholinergic adverse effects. However, patient responses are highly variable, so a flexible approach is required.

Generally they are well absorbed, but subject to quite high first-pass metabolism. The extent of hepatic clearance varies greatly, and they are widely distributed. Plasma drug is quite highly protein-bound but this does not give rise to interactions. Only recently has there been any good evidence of a relationship between plasma level and clinical effect. The overall effect is to give long half-lives, so that a single daily dose is usually adequate: this may be best given in the evening, to minimise sedative side-effects.

The contraindications and precautions in the use of tricyclics stem directly from their adverse effects. Patients with heart disease, narrow-angle glaucoma, urinary retention (eg prostatitis) or constipation will need to use the newer agents. Patients on antihypertensive medication should use mianserin, which does not interact with amines. However, the long half-life can cause problems in the elderly.

MAOIs. These drugs seem to be of some value in reactive depression, especially if there are neurotic features such as phobia or anxiety. Nevertheless they tend to be second or third line drugs for all but hospital impatients managed by psychiatrists, because of the toxicity and the problems of dietary compliance, added to those of medication compliance. There is disagreement over their value in endogenous depression.

Normal use produces various cardiovascular and gastro-intestinal disturbances, although less than with the tricyclics. Overdose is easier to manage, with specific alpha-adrenergic blockers (eg **phentolamine**). However, there are a wide variety of potential interactions, mostly serious. Although other prescription medication can usually be controlled, problems with OTC preparations containing sympathomimetics (eg decongestants) and tyramine-containing foods are more difficult. The resulting hypertensive crisis can be fatal. As a result MAOIs are likely to remain minor antidepressants.

Lithium. Lithium has an antidepressant action similar in potency and onset to amitriptyline for single episodes. But its real value lies in the maintenance prophylaxis of recurrent unipolar or bipolar depression. Here it is safer and more effective than tricyclics.

Lithium treatment should only be considered if there is a strong likelihood of recurrent episodes, either of endogenous depression or mania, where it abolishes or reduces the frequency, duration and intensity of mood swings. A few patients complain that it produces a flattening of normal mood, and manic patients are poor compliers because they enjoy their manic attacks. The goal in lithium therapy is a **serum level** within the narrow therapeutic window 0.5 - 1.5mmol/litre — towards the high end for acute attacks and reducing for maintenance. This entails regular measurement of serum lithium, monthly at first and six-monthly in stabilized patients.

A stable serum level throughout the day is desirable, as acute adverse effects such as polyuria, oolydipsia and fine tremor seem related to post-dose peak levels. This means that slow release preparations and/or frequent daily doses are desirable. If levels rise too high, warning signs include diarrhoea and vomiting, coarsening of the tremor and CNS depression. Sustained levels above 2 mmol/litre cause hypotension, convulsions and coma.

Lithium is distributed throughout body water, generally following sodium, and is cleared by the kidney. This gives potential problems because in circumstances which cause the kidney to increase sodium reabsorption, (electrolyte depletion, dehydration or diuretic therapy), lithium clearance is reduced and this results in dangerously high levels. Patients must be warned about this.

Despite these potential problems, lithium is a popular, widely used drug. Moreover, diligent monitoring has enabled patients to be on lithium for decades with little ill effect.

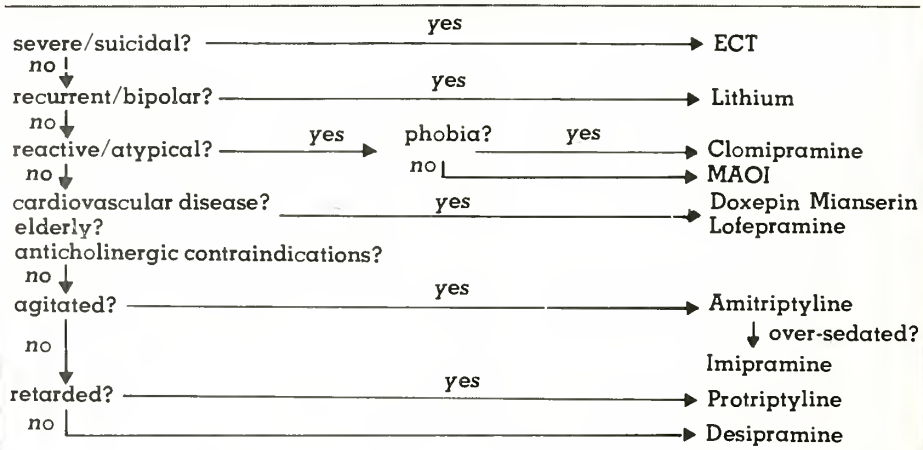
Many of the factors considered above can be conveniently presented as a decision tree (fig 1).

Table 4 — Some newer tricyclic-like antidepressants

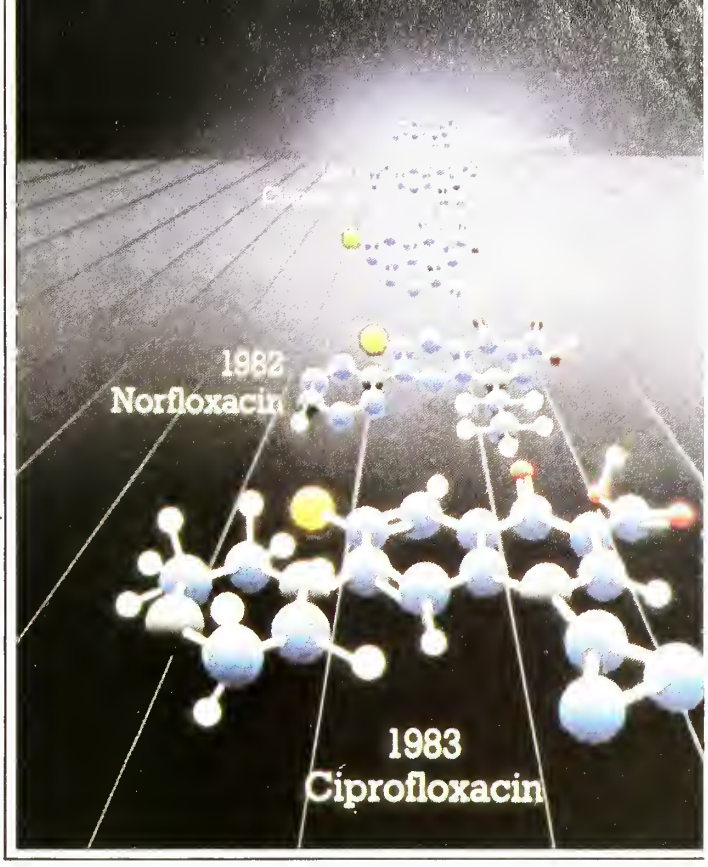
Doxepin Dothiepin	less cardiotoxic
Mianserin* Lofepramine Trazodone	less anticholinergic less CNS & CVS toxicity
Thioxanthines	neuroleptics with some antidepressant action (eg flupenthixol)

** no amine reuptake block*
CNS = central nervous system
CVS = cardiovascular system

Figure 1 — Drug selection in depression



A new breed of resistance fighter



Recent advances in antibacterial therapy have been limited by problems of bacterial resistance and the absence of oral formulations. A new group, the quinolones, seem to offer benefits in both areas, as Bayer UK explain.

The search for new, effective antibiotics is a constant and ever more challenging exercise. No sooner is there a breakthrough than the bacteria hit back and develop resistance. In some specialised units in large hospitals, mulitple-resistant, "super" bacteria have evolved that are virtually immune to all but the most powerful parental antibacterials. Even the treatment of urinary tract infections in the community is facing a steady increase in resistance of roughly 2 per cent a year.

Many of the older antibiotics have been rendered virtually useless; if it was not for some of the newer broad spectrum drugs, bacterial infections would by now be gaining the upper hand.

Now a new group of drugs — the 4-quinolones — has been developed, the first of which, ciprofloxacin, is being launched shortly. These antibiotics, with their exceptionally broad spectrum, clinical efficacy, excellent tolerability and oral, as well as parenteral formulation, could see the start of a new era in antibacterial therapy.

The 4-quinolones are not entirely new. The first, nalidixic acid and oxolinic acid, were developed in the 1960s. But poor absorption and poor tissue penetration, and a relatively high incidence of side effects[1], together with the advent of more powerful antibiotics, meant they were relegated to second or third line therapies, and then only in uncomplicated urinary tract infections.

In the 1970s, work began on today's "new generation" 4-quinolones. By substituting piperazine and fluorine molecules, a group of antibiotics with markedly improved pharmacokinetics, an increased spectrum of activity and very significantly enhanced potency were developed. The most important compounds so far produced include ciprofloxacin, enoxacin, norfloxacin, ofloxacin and pefloxacin.

Efficacy

Extensive clincial trials are still being carried out on a number of these drugs, but something of their potential can be seen by looking at the proven indications for the first to reach the market, ciprofloxacin[2] (the figures in brackets show percentage eradicated).

Urinary tract: Ciprofloxacin has been shown to be exceptionally effective in killing all common urinary pathogens[3] (eg *E.coli* 98 per cent), and in treating both complicated[4] and uncomplicated urinary tract infections[5].

Respiratory: active against most respiratory pathogens including *Haemophilus influenzae*[5,6](97 per cent), *Pseudomonas aeruginosa*[5,6] (65 per cent), *Klebsiella*[5,6] (100 per cent), and *Legionella,* as well as mycoplasma and pneumococcal infections.

Gastrointestinal: active against *Salmonellae*[5,7,8] (100 per cent), *Shigellae*[5,7,8] (100 per cent), and *Campylobacteria.*

Venerial: highly active against *Gonococci* — single oral doses give cure rates approaching 100 per cent[9].

Gynaecological[10], biliary[11], bone[5] (osteomyelitis), and even skin infections all respond with high cure rates.

Finally, there are certain areas, such as pseudomonal chest infections in cystic fibrosis patients, where the drug's efficacy[5,12] (77 to 100 per cent), combined with its oral formulation and twice daily dosage, could revolutionise management.

As for side effects[13], there are remarkably few in view of the potency of these drugs, and the marked side effects found with the use of the earlier 4-quinolones — gastrointestinal intolerance (nausea and diarrhoea) — occur in fewer than 3 per cent of patients. The incidence of diarrhoea in particular is lower than that seen with other broad spectrum antibiotics (probably because although the aerobic bacteria are killed off, the anaerobes remain). Skin rashes and CNS disturbances sometimes occur.

In tests on young animals[13], the 4-quinolones were found to produce erosive lesions on articular cartilage, so although no such effect has been reported in humans, they are not recommended for children.

The 4-quinolones bring another major benefit: they are seemingly able to treat infections without producing the same levels of bacterial resistance as other antibiotics.

The key to this ability lies in their unique mode of action. The 4-quinolones have been shown to inhibit the enzyme, DNA-gyrase, which is responsible for a process within bacterial DNA called "supercoiling"[14]. It appears that supercoiling is necessary in order to pack the bacteria's vast amount of nuclear material within its cell membrane. By inhibiting DNA-gyrase, the bacteria is effectively prevented from carrying out any physiological process and dies, whether or not it's replicating at the time.

The vast majority of bacterial resistance develops through the appearance of special areas within their DNA called plasmids. By acting directly against the DNA, plasmid formation cannot occur, so the only way resistance can develop in 4-quinolone treated infections is for the bacteria to mutate (a rare occurence). Since this will usually leave the bacteria in the weakened state, it means 4-quinolone-resistant bacteria tend to be less virulent.

In summary, both orally and parenterally, 4-quinolones are fundamentally bactericidal, they are effective against many organisms that are resistant to beta-lactam and aminoglycoside antibiotics, they have a low incidence of side effects, and the development of bacterial resistance appears to be less than with other antibiotics. Only time will tell if, with the launch of ciprofloxacin and its relations, these drugs live up to their early promise.

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Richardson/NPA computer split

Pharmacists will now be aware that my company's products are no longer being recommended by the National Pharmaceutical Association. I am sure that both John Goulding and Jim Downing at Mallinson House will agree that this is in no way connected with the quality of our products, or our service, which we shall continue to maintain. Indeed. it is our dedication to the wellbeing of pharmacists which has led to a basic disagreement, in principle, between us.

We have always believed (and recent surveys and television programmes confirm our views) that after-sales service is of vital importance to any business computer installation. It is also wise to purchase both equipment and program from the same supplier, so that if problems arise, there is no doubt as to who to turn to for help. This is in direct conflict with the NPA recommendation that pharmacists purchase NPA software and obtain their equipment from dealers who often have little knowledge themselves. I advise that this option is chosen only by those familiar with computers or by those prepared to spend considerable time learning.

I am concerned that the NPA recommendation, as a concept, will lead to a surfeit of programs flooding the market and the situation returning to the confusion of some three years ago, when pharmacists made costly mistakes as suppliers came and went. It must also be borne in mind, that while software suppliers may allow a trial before purchase, computer dealers, as a rule, will not. We therefore intend to continue supplying only complete pharmacy labelling systems with an adequate trial period, and a dedicated after-sales service. We shall continue our research and development program, and looking for ways to help pharmacists further.

It is regrettable that we must progress without NPA backing and that perhaps we will be deprived of a fair recommendation of the quality of our products. It is also unfortunate that we are not to be permitted to exhibit at the NPA show in St Albans. Nevertheless, I must sincerely thank all those at the NPA who, in the past, have helped to further the aims of my company.

John Richardson.
Managing director, John Richardson Computers Ltd.

John Goulding, NPA business services manager replies:
Mr Richardson withdrew from the NPA scheme himself as long ago as October 19, 1986, because he "could not condone" the NPA Board's decision to provide members with labelling software.

As an NPA member, he will have read the *Pink Supplement* introduction to our new labelling software, which lays great stress on the merits of a complete system for those "with heavy dispensing business or those seeking maximum ease of use". Indeed the article concluded: "the excellent ready made labelling systems given by Park Systems Ltd are, in our view, the systems of choice where extra speed and extra features are important."

Our £99 software is offered to those who have said to us that they cannot justify (or afford) £1,000 or more for a system plus maintenance. They can see high capacity hardware on local sale for under £400 and know that we can maintain it nationwide for an annual charge starting at £36. There is also a three month free hotline for advice. Having been thus weaned from a typewriter to a low cost computer, many will soon be more than ready to move up market.

We agree that most Richardson users are more than satisfied with the quality of their systems, although we have had an increasing volume of complaints about maintenance charges. These added £257.50 (from day one) to the cost of each system and any user who chooses not to pay becomes unstuck when he requires a program update — the price is £266! Accordingly we were increasingly finding ourselves to having to defend our recommendation of his system and it was therefore with mixed feelings that we accepted the *faite accompli* finally imposed upon us. This also explains the withdrawal of the Richardson stand from the NPA's June show which provides a unique platform for our recommended suppliers.

No worse off in Scotland?

I have had a letter from the Pharmaceutical General Council (Scotland) outlining the probable remuneration under the new contract for essential small pharmacies in Scotland (see p184). A few minutes with a calculator and my statements from the health board have shown that my pharmacy will be paid somewhat less under the new system.

This cut in my income is frankly incredible in view of the repeated guarantee by PGC officials and Government ministers that Scottish ESPs would be "at least no worse off than under the existing renumeration procedures".

I therefore invite the PGC to confirm the figures with me, and then go back to the Government and demand they live up to their promise. Who knows, the Government might yet be persuaded to give us the much better deal offered in England and Wales — a guaranteed minimum income.

Finally, I urge all Scottish ESPs, especially those with high ingredients costs, to do their sums very quickly, and complain to the PGC and the Government where necessary. If they need any help, they should not hesitate to contact me on Kilbarchan (05057) 4142.

Graeme M. Park
Johnstone

Classic case?

I note with interest Mr Allen Tweedie's threat to resign from PSNC over the new contract (*C&D* Janujary 31, p153) in order to speak at the LPC conference. Am I to take it that no other member of the Northern Region is capable of expressing that region's point of view?

I have always understood that committees applied the principle of collective responsibility, and if a member felt so strongly on principle that the final decision is unacceptable to his conscience he would resign on principle on the spot.

Presumably if Mr Tweedie could receive the Chairman's permission to speak against PSNC at the LPC conference he would not resign — a classic case of running with the hare and hunting with the hounds!

C.A. Benjamin
Leeds

House cleared on time

I am pleased to find that the practical Xrayser is a user of our Clearing House but sorry to learn that he encountered problems with some of his suppliers over the Christmas period (January 17, p77).

May I first refute the suggestion that there was any delay by our Clearing House. As always our cheques went out on the due date. Not only that, we went out of our way to accommodate many suppliers who sent representatives to physically collect their cheques and many others who wanted their remittances sent by Datapost or other special treatment. If payments were not cleared the fault lay either with those firms who were closed for the Christmas holiday or from postal delays.

B. Dosser
Finance officer, National Pharmaceutical Association.

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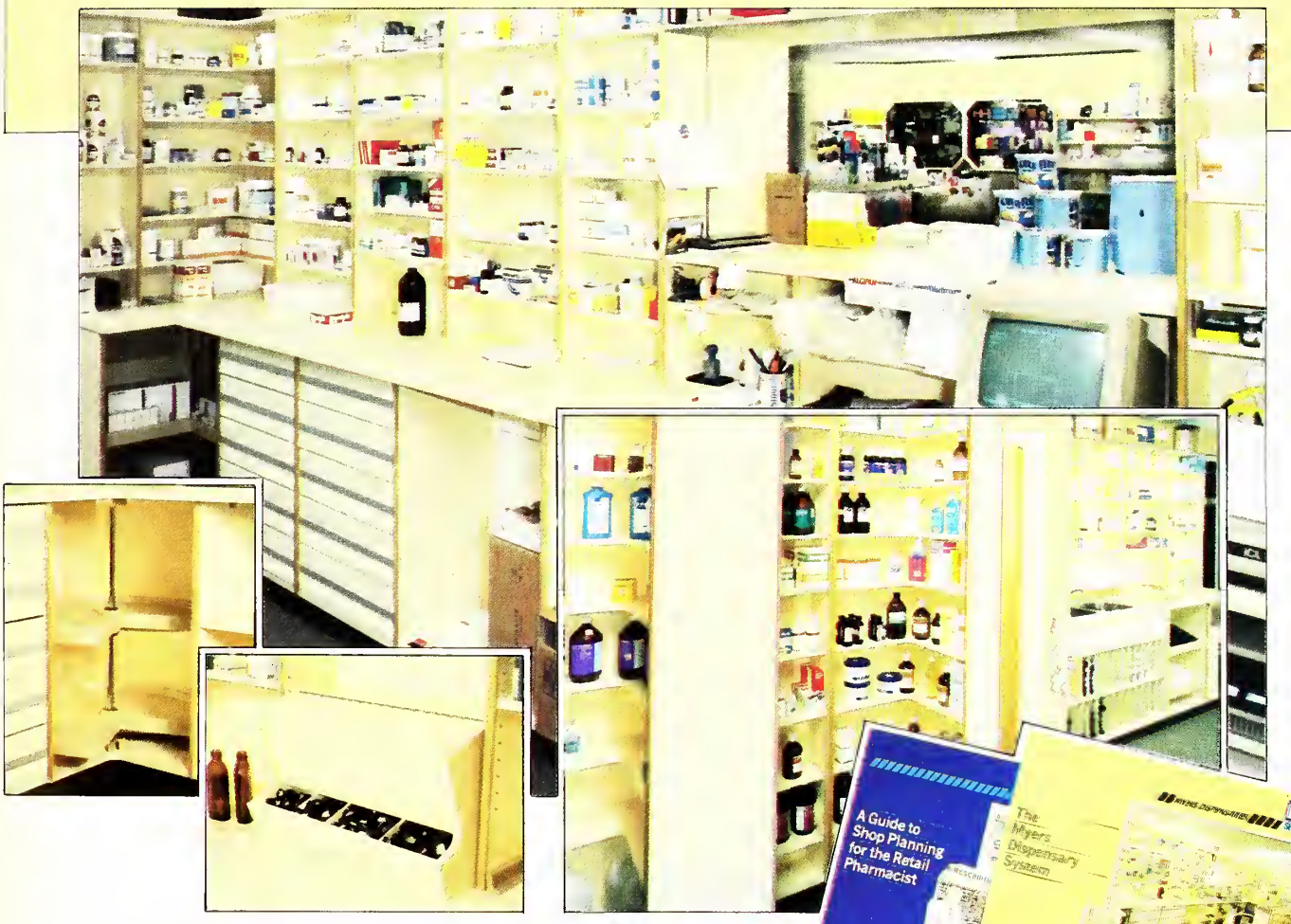

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Election time . . . tidings for industry

The UK pharmaceutical industry has most to fear from a Labour Government victory in the next General Election, according to Jordan's latest financial survey.

But "The British Pharmaceutical Industry" predicts that, whoever wins, the new Government will maintain and even extend controls on GP prescribing through the limited list, and "the threat of generic substitution will continue to hang over the industry."

The report points out that a Labour Government, committed to nationalising one or more drug companies to provide cheap generics for the NHS, could provide major upheavals. But it says that although the past three years have been the worst ever for the industry in terms of controls on profitability, pricing and marketing, the industry would remain "relatively stable" if the Conservatives were re-elected.

Among other trends over the coming years, the survey predicts that innovative companies will spend larger proportions of their turnover on research and development. The UK will remain their main research centre, helped by costs much lower than in America.

The report also predicts that companies will be seeking overseas acquisitions to broaden their research base, and to break into major work markets.

"The British Pharmaceutical Industry" is priced £125, from Jordan & Sons Ltd, Jordan House, Brunswick Place, London N1 6EE.

NPA seeks lower VAT penalties...

Changes in the penalty system for late VAT returns, and an increase in the VAT registration threshold, are being called for by the National Pharmaceutical Association in their 1987 Budget submission.

The present penalty system is "harsh and unreasonable" leading to delays in refunding, says director Tim Astill in a letter to the Chancellor. And an increase in the registration threshold, making it optional to £100,000, would reduce the "uneconomical" cost of VAT collection.

Simplification of the forms for Special Retail Schemes, and no further increase in the VAT base despite European pressure are also requested.

In addition the Chancellor is asked to consider the following: All retail stores and service buildings should have a writing down allowance of 4 per cent; the double tax charge on the capital gain arising when members sell their family companies etc, be abolished; an increase in the luncheon voucher limit to £2 per working day; the threshold limit for higher paid employees should be raised from £8,500 to £12,500, and the cost of private medical insurance be allowed against tax.

. . . makes loans

A new loan service from the National Pharmaceutical Association may be extended to include cash for personal items if its launch proves successful.

NPA Finance Leasing Ltd has been formed to provide loans for business purposes of up to £10,000. NPA members with established businesses only will be eligible initially. Finance and administration officer Mr Brian Dosser says the NPA has been looking for ways to better utilise its deposited funds. "The low rate of interest is possible because we are presently borrowing from the bank."

Unichem's first phase in moving their Croydon depot to a bigger site begins on February 7, when counter lines are moved to the new branch in New Addington. Medical lines will follow soon.

The 'M' team

Macarthy Medical have restructured their retail supplies division sales force to create a co-ordinated national sales team covering all retail pharmacy supplies.

The team is headed by Steve Lakin, sales director, who has made the following appointments: John Herbert is appointed national sales manager and is supported by two new regional sales managers: Mike Gregory, regional sales manager (West), based at Redditch, and Richard Crawford, regional sales manager (South), who will operate from Romford. Also based at Romford will be Mike Stafford, key accounts manager, retail supplies division. The Scottish Region will have its own sales team, directed by Frank Verrall.

The hospital sales force has also been reorganised into three teams. John Owen is appointed national sales manager — disposable and pharmaceutical products. Clive Watkins is theatre products sales manager and John Kelly has been made responsible for special product sales covering the Macarthy Medical range of dialysis and cytotoxic products.

No trade merger

Plans for a merger between the National Chamber of Trade and the Association of British Chambers of Commerce (*C&D*, May 10, 1986) have been suspended because of "unacceptable conditions" proposed by the ABCC.

The ABCC is insisting on retaining its own regional structure with its concomitant financial claims from chambers after two and a half years of negotiations. This is not the wish of the majority of NCT members who want a two-tier or parallel system of membership of any new national organisation. This would cater for the differing level of services required by local chambers, the NCT says. It believes a merger would strengthen the chamber movement as a whole, and says it will keep this under review.

BUSINESS NEWS

Co-opting pharmacies

Drug stores are a safer bet than pharmacies, in the opinion of the North Eastern Co-op. And to demonstrate the point, the Co-op has opened a new drug store at Whitley Bay, with a "more modern, price-competitive image".

The new shop — the group's fourth drug store — is the first to carry the name "1st Stop" and a red, white and grey livery. Other stores, now called Drug Stop, will also take on the new image. The Co-op says 1st Stop will be aimed at the middle market and carry "competitively priced" toiletries.

The group also has 12 branches with dispensaries, and pharmacy group manager Jim Smith says more areas are set for expansion in the North East. According to group controller Richard Capell, the drug store side of the business has "much growth potential . . . not least because it is not as vulnerable as the traditional pharmacy business, which depends totally on factors outside our control, like locations of doctors' surgeries, or health centres, and government policies".

But he added that the society would still be looking for opportunities to expand profitably the pharmacy sector.

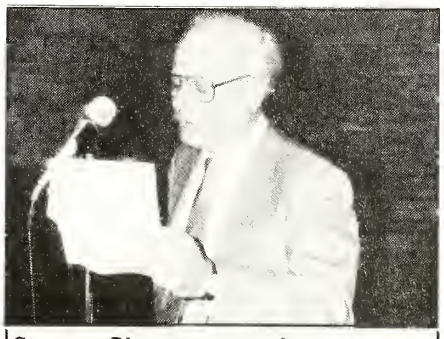
An eye for a buy

Boots have added to their growing optical division by buying a five-branch chain of registered opticians.

The acquisition of Edmund Wilkes Ltd, who have outlets in Essex and Sussex, brings the number of Boots' optical practices to 191. The company bought Clement Clarke last year — to be turned into "Boots Opticians" stores by April — and have 102 practices within stores. The new chain will also eventually be taken in under the "Boots Opticians" banner.

Boots' Terry Steel said more optical business was planned, both through generic growth and further acquisitions. The company is now the second biggest optical retailer, after Dolland & Aitchison — and aims to overtake them as well.

Boots are introducing children's haircare centres in their Children's World chain opening this month. Called Snips, the first of a planned 35 will open to the public on February 20 in Dudley, West Midlands.



Sussex Pharmaceuticals managing director Harry Shepherd thanking colleagues for the "tremendous support and help" they had given the company in maintaining business since the factory burnt down on February 7, last year. Speaking at a dinner for 280 guests held to celebrate the recommissioning of their 40,000 sq ft plant, he said the company intended to regain its position in the pharmaceutical and health industry as one of the most modern and efficient factories in Europe.

British Tissues have acquired the Gloystarne group of companies which operates a distribution and warehousing business in Rotherham, South Yorkshire. Their managing director, Ron Day, becomes the chairman. Leslie Wilson continues as managing director.

Feeds for sale

The steady shedding of Beecham's "fringe" businesses carries on with the decision to sell their animal feeds division.

Talks are being held with companies interested in the business, which has a turnover of about £5m. The firm is based at Keynsham, near Bristol, where it manufactures a range of protein concentrates and vitamin/mineral supplements for trade customers and livestock farmers. Disposing of this business will let Beecham Animal Health concentrate on their veterinary and pet animal health and hygiene products.

☐ Lowfield Distribution have signed a "significant" distribution contract with the Beecham Group plc with effect from March 1. The firm — part of the Imperial Foods division of Hanson Trust — specialises in food, drink and household products. Lowfield will be working directly with PDS, the in-house distribution arm of Beechams.

COMING EVENTS

Britchem's Gala event

The Britchem Gala Ball takes place on March 7, in the Kings Suite, Metropole Hotel, NEC, Birmingham.

The reception commences at 8.30pm and is followed by dinner, cabaret and dancing. Tickets are £48 per head and proceeds of the evening will go towards the Pharmaceutical Society Benevolent Fund. Details from Valerie Day, Tabcon Marketing Ltd, The Courtyard, 14 Muswell Hill Road, Highgate, London N6 5UG,

Sunday, February 8

College of Pharmacy Practice. Scottish area study day. Gleddoch Country Club, Longbank. Details on 0389-54121, ext 215.

Monday, February 9

Clinical Pharmacist's Training Group. "Dermatology," 6pm. The Lecture Seminar Room 1, Glasgow Royal Infirmary.

Tuesday, February 10

Edinburgh and Lothians Branch, Pharmaceutical Society. 7.45pm, 36 York Place, Edinburgh. Mr C. Hollands, director of the Scottish Society for the Prevention of Vivisection on "Animals in Politics".
Lanarkshire Branch, Pharmaceutical Society. 8pm in the Old Mill Hotel, Motherwell. "Drugs in Sport".

Wednesday, February 11

National Pharmaceutical Association. Skin care course, 10am-4.30pm at the Great Northern Hotel, London. Cost, members £38.

Somerset Branch National Pharmaceutical Association. 7.30pm at the County Hotel, Taunton. NPA local organisations officer Mike King on "The NPA".

Thursday, February 12

The British Society for the History of Pharmacy PSGB joint meeting, 7pm at the Pharmaceutical Society's Headquarters, 1 Lambeth High Street, London SE1 7JN. Mr James Coleman, secretary, Irish Society for the History of Pharmacy, on "Irish Pharmacy's struggle for Identity: The Impact of Politics and Achievements by English Pharmacists".
Glasgow and West of Scotland Branch, Pharmaceutical Society 7.30pm, The Walton Suite, Southern General Hospital, Glasgow. Mr John K. Todd, consultant general surgeon, Royal Infirmary, Glasgow, and annual report of the School of Pharmaceutical Sciences, University of Strathclyde.
North Staffordshire Branch, National Pharmaceutical Association. 8pm at North Staffordshire Medical Institute, Stoke-on-Trent. NPA public relations officer Tanya Turnton.

Advanced Information

Hertfordshire Branch, National Pharmaceutical Association. 8pm, joint open evening with the West Herts Branch of the Pharmaceutical Society, at the NPA's head office in St Albans on February 26.
Numark wholesaler S. Haydock & Co Ltd of Belfast. Diamond Anniversary Trade Show in the Drumkeen Hotel, Belfast on May 6-7, 1.30pm-9.30pm each day. Further details from Tom Hutchinson, S. Haydock & Co Ltd, 31 Ballynahinch Road, Carryduff, Belfast.
Unichem Convention. A limited number of places are now available, for further details, Ros Jones/Nicky Everard of Granard Communications on 01-930 6711.

The Association of the British Pharmaceutical Industry is sponsoring "The Health Debate", with "Can we beat AIDS?", in Manchester on February 10 6.30pm, at the Stopford Building, Manchester University, Oxford Road M13. Speakers include Health Minister Tony Newton, and the conferences are aimed at health care professionals. Details available from Elizabeth Bird on 01-388 3111.

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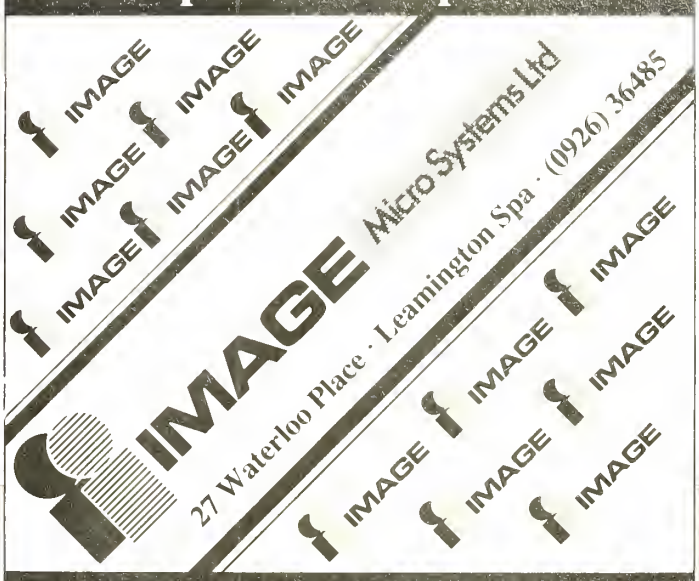

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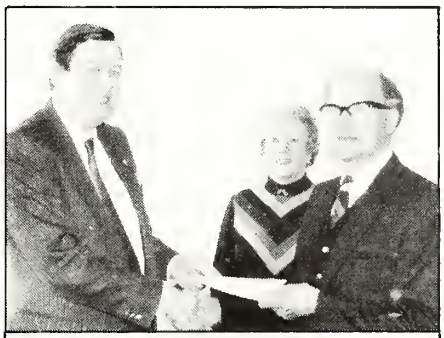
Jones heads up Wellcome R&D

Dr Trevor Jones is being appointed research, development and medical director for Wellcome UK, in a week of Press speculation over recent resignations from the company.

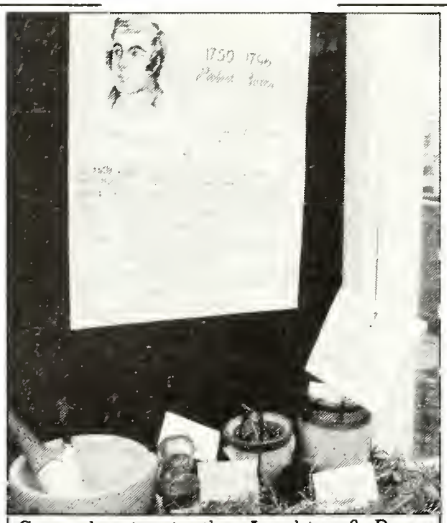
Dr Jones, MPS, C.Chem, FRSC, MCCP, has been with the company since 1977, when he joined as head of technical development. He started his career lecturing at Nottingham University and then spent some time with Boots. He is a visiting professor at King's College, London.

He will take on part of the job left by 53-year-old Dr Ronnie Cresswell, who is resigning as head of research, co-ordinating USA and UK operations. He follows other research executives including his predecessor, Nobel prize winner Sir John Vane who left in 1985, and in 1986 William Sullivan and Dr Pedro Cuatrecasas, of the American operation (*C&D* February 1, 1986, p212).

The company is unable to say which research organisation Dr Cresswell is moving to, and will not comment on Press reports about the resignations. But Wellcome spokesman, Michael Rees, says the departures are not connected.



Vestric's Belfast branch manager, Fred Morrison receives a retirement gift from managing director Peter Worling. Mr Morrison qualified in 1944 as a member of the Pharmaceutical Society, and following studies for a BSc (Pharmaceutics) in 1946, started his career in pharmacy, both in retailing and as a medical representative. In 1955 he became managing director of Evans Medical (Northern Ireland) Ltd, and was responsible for establishing the company's branch, which subsequently became Vestric Ltd, in Belfast. To mark his retirement, Mr Morrison and his wife attended a luncheon with the Vestric directors at Runcorn head office



Second prize in the Ayrshire & Burns Country Tourist Board shop window display competition went to "Apothecary cures of the 18th century" at H.C. Liddle, Ayr Street, Troon

Postscript

Arun Products say they are unable to continue to supply Potter's asthma remedy because they cannot find a manufacturer to produce it.

A spokeswoman for the company said that the product, which has been sold since 1890, was small volume, and a rather messy manufacturing process meant that contract manufacturers were unwilling to produce it. Arun say Potter's asthma cigarettes will continue to be produced.

DEATHS

James: Alfred Henry, 74, of 29 Larregan Crescent, Penzance, on January 30. *Mr Mervyn Madge writes:* "I was deeply shocked at the sudden passing of 'Alec', the name by which he was known to all. He qualified in 1935 from the former Plymouth School of Pharmacy, and after some years with Boots, he took over Peasgoods in Penzance town centre. We first met when I was chairman of the former Cornish Pharmaceutical Society, and I came to appreciate his wisdom, knowledge and pragmatic approach to problems. He was a fine gentleman, caring for his fellow man, and a pharmacist who upheld the high ideals of the profession. I extend the deepest sympathy to his wife Jeanne and family.

Lohman: Ashe Consumer Products Ltd regret to announce the death of their sales representative, Ron Lohman. He had represented the company for the last 12 years in the Hampshire, Surrey and Sussex area, and was held in high esteem both by customers and colleagues within the company. Condolences are offered to his widow and family.

All change under crooked spire

Philip Robinson has succeeded David C. Robinson as chief executive, with David Robinson remaining on the board as an active director.

David F. Robinson, presently company secretary, is appointed a director, and Stewart Wallis becomes managing director of the packaging division, replacing Philip Robinson. Paul Cox will take over as director and general manager of both rigid packaging and Robinson-White plastics and Keith Newsome is appointed divisional finance director for the dressings division.

A small operating board has been formed to streamline trading operations and co-ordinate and control the various businesses. This board consists of the new chief executive, the two divisional managing directors, the finance director (Jonathan Wicksteed) and the company secretary.

Paul Murray Ltd: Julian Jones joins as key accounts manager. He will also be responsible for all aspects of sales training of the representatives. The company is aiming for national coverage within the next 18 months.

Cow & Gate: Carolyn Ilott becomes product manager for babymeals and baby juices. Carolyn was previously at Smith & Nephew where she worked as marketing assistant on new product development for healthcare, toiletries and Dr White's sanpro.

Smith & Nephew Medical Ltd (healthcare division): Peter Winterbottom has been appointed technical director and David Hawkins has been appointed production director. Both are based at Hessle Road in Hull.

Schwarz Pharmaceuticals: Terry Hammett has been appointed national sales manager. He joins the company from Astra.

Undercover UK: Paul Smith is appointed southern divisional sales manager. Mr Smith was previously with Smith & Nephew and Lilia White. His newly-appointed sales team are: Jan Dowler (South West), who spent ten years at Lilia White; Peter Warren (East Anglia), previously of Booker Health Foods; and Mike Burton (South East England) who joins from Chettles pet foods.

Typesetting and graphics by Magset Ltd, Sidcup, Kent. Printed by Riverside Press Ltd, Whitstable, Kent. Published by BENN PUBLICATIONS LTD, Sovereign Way, Tonbridge, Kent TN9 1RW. Registered at the Post Office as a Newspaper 26/26/16s Contents

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